



April 28, 2017

**To:** All Local Union Presidents, Financial Secretaries  
and Recording Secretaries –Region 4 UAW

**Re:** 2017 Summer Family Scholarship Program – July 23-28, 2017

Greetings Brothers and Sisters:

Enclosed you will find an application and Children's Health Record form for the 2017 UAW Family Scholarship Program, which you may reproduce as needed. You may also log onto <http://region4.uaw.org> for more information about the program and/or to download additional copies of the applications.

This Scholarship Program is a great opportunity for members and their families to learn more about their union in a fun and relaxing atmosphere. The only expense for most families is their time, as the International Union pays for meals, transportation and lodging. I encourage each of you to actively recruit participation in this unique opportunity. Remember, no one can repeat the program if they have participated in the past, and they must have at least one year's seniority. Our Region's allocations are 22 adults and 11 children. Once those allocations are met, we cannot accept further applications.

Please review all applications to make sure they are filled out completely and signed by the Local Union President or Financial Secretary. Please mail completed forms to the Regional Office **no later than Friday, June 23, 2017 to:**

Summer Scholarship Program  
Region 4 UAW  
680 Barclay Blvd.  
Lincolnshire, IL 60069

Should you need further information about the program, please contact our Region 4 Education Representative, Bradley Schwanda, at 847-459-3888

In Solidarity,

Ronald D. McInroy, Director  
Region 4 UAW

RDM/BS:tw  
opeiu494/afl-cio  
Enclosures

cc: Brad Dutcher  
Brad Schwanda

# 2017 Family Scholarship Application

Fill out this form completely. The July 23-28, 2017 session begins on Sunday and ends on Friday. It is available in Spanish.

Legal FIRST Name: \_\_\_\_\_ LAST Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Union # \_\_\_\_\_ UAW Region: \_\_\_\_\_ Date of Membership: \_\_\_\_\_

Employed at: \_\_\_\_\_ Location: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Social Security #: (Last 4 digits only) \_\_\_\_\_

Email: \_\_\_\_\_ Age of applicant: \_\_\_\_\_ Marital Status: Married  Single  Male  Female

Single participants not accompanied by spouse or children/grandchildren are roomed with another participant.

Indicate: Smoking  Non-Smoking

If spouse and/or children/grandchildren accompany UAW applicant to the Family Education Center, please complete the following:

Spouse's Legal FIRST Name: \_\_\_\_\_ LAST Name: \_\_\_\_\_ DOB \_\_\_\_\_

List children's complete LEGAL names, birth dates and sex:

| First Name | Last Name | Birth Date | Age   | Sex   |
|------------|-----------|------------|-------|---|
| _____      | _____     | _____      | _____ | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| _____      | _____     | _____      | _____ | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| _____      | _____     | _____      | _____ | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| _____      | _____     | _____      | _____ | Male <input type="checkbox"/> Female <input type="checkbox"/> |

*The Scholarship Program is open only to active UAW members' children and grandchildren. Program is not open to other relatives or children under 4 years of age. For each child, you may be required to provide a birth certificate or proof of legal guardianship.*

Please indicate any special needs of yourself/family members, i.e., disability, sleep apnea, medical condition: \_\_\_\_\_

### Release of Photographs and Videos

I agree to allow the UAW to use my name and photograph and/or image in union publications, videos, advertising or brochures. I also agree to allow the UAW to use my child's photograph and/or image in union publications, videos, advertising or brochures.

Both member and spouse must read and sign application:

UAW Member's signature: \_\_\_\_\_ Spouse's signature: \_\_\_\_\_

**DRIVING:** Attach \$50 registration fee made payable to UAW Family Education Center. Applications received without registration fee cannot be processed.

**FLYING:** No registration fee required. See "Frequently Asked Questions" to determine eligibility and actual costs of airfare.

*If flying, once approved, your UAW Regional Office will provide you with instructions.*

**UAW Member: Application must be submitted to your Local Union**

**Local Union: Mail to UAW Regional Office**

**Applicant is a member in good standing with one year's seniority.**

\_\_\_\_\_  
Local Union President or Financial Secretary

**UAW Family Education Center  
2017 Health Record—Release & Waiver**

Child's name: \_\_\_\_\_ First name Last name y/n  
Grandchild

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_  Male  Female  
Month/day/year

Parent's or Guardian's full name: \_\_\_\_\_  
(UAW member) first name last name

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Local Union \_\_\_\_\_ Region \_\_\_\_\_ Email \_\_\_\_\_

Allergies and/or drug reactions (Please specify): \_\_\_\_\_

Current medications: \_\_\_\_\_

Please list any special or physical limitations that might require special consideration? \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Contract # \_\_\_\_\_ Group # \_\_\_\_\_

As parent or guardian, I \_\_\_\_\_, hereby request and give my full consent for medical care, treatment and/or surgery, and authorize admission to nearest hospital or clinic as the treating physician may deem medically necessary, for my child in my absence.

**Parental Permission, Release and Waiver**

**Assumption of risk:** The undersigned acknowledges that my child will be participating in Scholarship events, do so at their own risk, whether or not staff or another attendant is present, and that the activities to be engaged in may be dangerous and may involve the risk of serious injury, death and/or property damage. I assume full responsibility for any injuries, damages or losses that may occur to or be occasioned by your child in connection with the foregoing events.

**Release and Waiver:** In consideration of program participation and/or transportation being provided, the undersigned hereby releases, waives, and discharges any and all manner of actions, causes of actions, suits, proceedings, claims and demand in law equity which my family, its successors and assigns, now have or may have in the future against the International Union, United Automobile, Aerospace & Agricultural Implement Workers of America, UAW, its officials, agents, employees, successors, and assigns for any damage, loss or injury sustained in connection with transportation to or from or participation in Scholarship events.

I have read the foregoing Parental Permission, Release and Waiver and fully understand it.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Witness signature \_\_\_\_\_ Date \_\_\_\_\_

**Photograph and Video Release Form**

I agree to allow the UAW to use my name and photograph and/or image in union publications, videos, advertising or brochures. I also agree to allow the UAW to use my child's photograph and/or image in union publications, videos, advertising or brochures.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_