

The James Ivey Scholarship Award

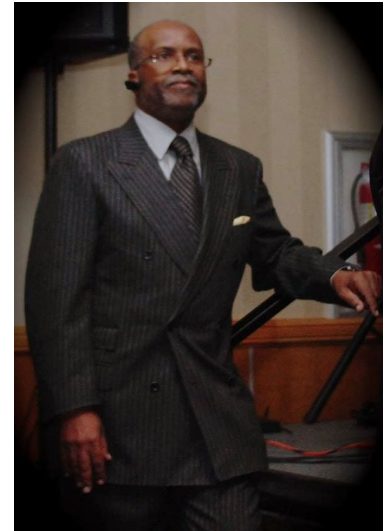
Sponsored by AFSCME District Council 20

Purpose

The James Ivey Scholarship Award was established for children and financially dependent grandchildren of full dues-paying AFSCME District Council 20 members. The scholarship will be awarded to 3 recipients in the amount of \$1,000 each. The scholarship may be used for any field of study at any accredited four-year or two-year institution.

Eligibility Requirements

To apply you must meet all eligibility requirements identified below. Make sure your completed application, with all supporting documentation (essay, transcripts, letters of recommendation, proof of AFSCME membership, legal guardianship, etc.), is signed and mailed together in one envelope.



The applicant must:

- be a dependent of an AFSCME District Council 20 member.
- be a graduating high school senior or current college student.
- be enrolled in a full-time degree-seeking program at either an accredited four-year or two-year institution.
- have a 2.5 GPA, (**official transcript required and needs to be attached to packet**).

Essay Requirement

Compose an essay, typed and double-spaced, not to exceed 1,000 words, on the subject: **“What Union Leader Would You Choose as a Role Model and Why?”**

Short Bio

In addition to the information required on the application, submit a 300-word or less bio telling us about yourself and your plans for your future. Include accomplishments outside of school, hobbies, etc.

Letters of Recommendation

Two (2) letters of recommendation must be submitted with the application packet. One letter must be from a school official, and the second from a non-relative. The letter of recommendation should be a brief typed statement describing the student’s character and motivation toward success.

Proof of Enrollment

Applicants must also include proof of enrollment. Instructions are included at the end of the packet.

Please do not send photos!

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Deadline

Application Packages must be postmarked by Friday, June 27, 2025. Late/Incomplete packets will not be accepted. Application Packets may be emailed to: **scholarships@districtcouncil20.org** or mailed to:

ATTN: LaShawna Lynch, Scholarship Chair
AFSCME District Council 20
1140 3rd St., N.E., Ste. 202
Washington, DC 20002

Selection Process

The Scholarship Committee will thoroughly examine all the application materials submitted by each scholarship applicant and apply a rubric evaluation form. Every applicant will be notified in writing of the outcome of the selection process by June 30, 2025. The decision of the selection committee is final.

Publication Acknowledgement

I understand that all essays written as part of the James Ivey Scholarship application process become the property of AFSCME District Council 20. AFSCME District Council 20 retains the right to reprint winning essays in the AFSCME WORKS magazine or other union publications and to identify the authors of the winning essays. AFSCME also reserves the right to reprint, describe or excerpt these essays in other publications or to assign that right to others.

Applicant Signature _____ Date _____

If you have any questions, please email us at: scholarships@districtcouncil20.org.



The James Ivey Scholarship Application

(Please type or print in black ink or type.)

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail _____

Date of Birth: _____

High School Graduation Date or College Attending: _____

List any extracurricular activities: _____

List any offices held: _____

List any academic honors that you have received: _____

List other information you believe should be considered: _____

Applicant Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY PARENT, LEGAL GUARDIAN OR FINANCIALLY RESPONSIBLE GRANDPARENT

**You MUST attach proof of membership such as a COPY of your
AFSCME Membership Card or Paystub**

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Cell (____) _____ Work (____) _____

E-mail _____

Work Agency _____

Work Location _____

AFSCME District Council 20 Local Number _____ Retiree Chapter _____

Check one: Parent _____ Legal Guardian _____ Financially Responsible Grandparent _____

Member Signature _____ Date _____