



# American Postal Workers Union, AFL-CIO

1300 L Street, NW, Washington, DC 20005 • (202) 842-4200



## THE E. C. HALLBECK MEMORIAL SCHOLARSHIP PROGRAM

### Rules and Regulations

This scholarship was established in January 1969 and first awarded in 1970 as a living memorial and permanent tribute to E. C. "Roy" Hallbeck, President of the former United Federation of Postal Clerks, as a self-perpetuating financial base for significant educational assistance to children of union members.

1. Applicant must be child or grandchild, including stepchild, or legally adopted child of an active member, Retiree's Department member, or deceased member of the American Postal Workers Union.
2. Applicant's parent or grandparent must be a member (as defined in the Constitution and Bylaws of the APWU, reference Article 3, Section 1, Section 4d and Section 6) in good standing for at least one year immediately preceding application deadline or must have been a member for one year immediately preceding death.
3. Applicant must be a senior attending high school or other corresponding secondary school.
4. Children or grandchildren of all Elected National Officers are not eligible for consideration.
5. Scholarship recipient must attend an accredited college, including community college or university, of his or her choice as a full-time student. Applicant must make own application to the college.
6. Scholarship must be used towards pursuing an undergraduate degree.
7. Application for a scholarship must be made on an official application form, photocopy of the official application form, or an application downloaded from our web site at [www.apwu.org](http://www.apwu.org). All application materials must be submitted in ONE ENVELOPE and sent to THE E. C. HALLBECK MEMORIAL SCHOLARSHIP PROGRAM, American Postal Workers Union, 1300 L STREET, NW, WASHINGTON, DC 20005 and postmarked not later than **March 1** and received not later than **March 15** prior to graduation. RESPONSIBILITY FOR SUBMITTING A COMPLETED APPLICATION AND REQUIRED MATERIALS TO THE SCHOLARSHIP PROGRAM RESTS WITH THE APPLICANT.

#### *Application Checklist:*

- |   |   |
|---|---|
| <input type="checkbox"/> Completed Application Form | <input type="checkbox"/> SAT or ACT Scores                      |
| <input type="checkbox"/> Secondary School Report    | <input type="checkbox"/> "Contemporary Questions" Answer Sheets |
| <input type="checkbox"/> Official Transcript        | <input type="checkbox"/> "Union Way of Life" Essay              |

8. The Hallbeck Memorial Scholarship Program will provide five area winners. An alternate will be selected from each area in the event of disqualification or rejection of the award by the winner.
  - AREA 1. NEW YORK, NEW JERSEY, CONNECTICUT, PUERTO RICO, VIRGIN ISLANDS
  - AREA 2. VIRGINIA, WEST VIRGINIA, MARYLAND, RHODE ISLAND, MASSACHUSETTS, DELAWARE, NEW HAMPSHIRE, VERMONT, MAINE, PENNSYLVANIA, DISTRICT OF COLUMBIA
  - AREA 3. TENNESSEE, ALABAMA, MISSISSIPPI, OKLAHOMA, TEXAS, LOUISIANA, GEORGIA, NORTH CAROLINA, SOUTH CAROLINA, FLORIDA, ARKANSAS
  - AREA 4. ILLINOIS, MICHIGAN, OHIO, INDIANA, KENTUCKY, WISCONSIN, MINNESOTA, IOWA, MISSOURI, NORTH DAKOTA, SOUTH DAKOTA, NEBRASKA, KANSAS
  - AREA 5. CALIFORNIA, NEVADA, HAWAII, ALASKA, WASHINGTON, OREGON, MONTANA, IDAHO, WYOMING, UTAH, COLORADO, ARIZONA, NEW MEXICO, GUAM
9. Winners will be judged on the basis of their school records, personal qualifications, response to contemporary questions, essay and SAT/ACT scores.
10. The Scholarship Selection Committee will consist of qualified persons in the education field. No person connected with the APWU will be on the committee. Decisions of the Selection Committee will be final.
11. Each scholarship will be \$1,000.00 for each of four consecutive years of college. This amount will be deposited with the college or university attended by the winner. When the recipient notifies APWU he or she has been accepted, \$1,000.00 will be sent to the business office to be applied to the cost of tuition, room, and board.
12. APWU may discontinue awarding new scholarships but once a recipient has been chosen, the scholarship will be continued through four continuous years of college.

# E. C. Hallbeck Memorial Scholarship Program

## APPLICATION

**THIS APPLICATION MUST BE POSTMARKED  
NO LATER THAN MARCH 1  
(HIGH SCHOOL SENIORS ONLY)**

CODE _____
DATE RECEIVED _____
MEMBER VERIFICATION _____
FOR OFFICE USE ONLY

### A. You—the Applicant

Your Name (print) \_\_\_\_\_ (Social Security Number) \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Residence Address (if different) \_\_\_\_\_

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

Age Last Birthday \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

### B. Your Family

Father's Full Name \_\_\_\_\_ Living  Yes  No

Home Address \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Living  Yes  No

Home Address \_\_\_\_\_

### C. APWU Membership

APWU Member's Name \_\_\_\_\_ (Social Security Number) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Living  Yes  No

Member of APWU Local \_\_\_\_\_

Member of APWU Retiree's Department \_\_\_\_\_

**D. Schooling**

List in chronological order all schools attended in the last four years.

Name of School	Location (City or town and state)	Dates of Attendance

List any academic distinctions or honors you have won:

What subjects did you find most interesting in your high school years?

First \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_

What course of study (major) would you like to follow in college? (You may indicate more than one, or answer "undecided.")

\_\_\_\_\_  
\_\_\_\_\_

Do you plan to go to graduate or professional school after college? \_\_\_\_\_

\_\_\_\_\_

**E. Activities**

List not more than four of your extracurricular and community activities (excluding paid jobs) *during the past four school years in order of their interest for you.* (Examples: student government, dramatics, athletics, debating, publications, band or orchestra, Boy or Girl Scouts, 4-H Club, Red Cross.)

Activity	Approximate dates of participation	Approximate number of hours spent per week	Positions held, honors won, etc.

List your hobbies and recreational activities not mentioned above:

**F. Work Experience**

List jobs (including summer employment) you have held in the past three or four years.

Job and kind of work	Employer	Check one		Approximate dates of employment	Approximate number of hours spent per week
		Sum-mer	School year		

In one or two sentences explain what you found most significant in your work experience:

**G.** Use this space for any statement about yourself that you think will be helpful to the Committee in assessing your qualifications:

**H. Contemporary Questions**

Please complete each of the following questions in fifty (50) words or less per question. Attach a separate sheet of paper for your answers.

1. Comment on the interest, talent, or activity that you think has contributed the most to your development. Select an experience you have listed in Section E or F, or choose from among your academic interests:
2. What constructive thoughts do you have regarding alcohol and drug abuse among young people?
3. Please comment on a book or motion picture you recommended most enthusiastically to your friends during the past year.
4. List three adjectives which accurately describe you and briefly explain why you choose them.
5. If you could do what you most wanted to do, what kind of life would you like to lead 15 to 25 years from now? You may not be sure just where you would like to live or what kind of occupation you would like best; however, whether or not you are ready to select something in particular (e.g., some occupation), indicate the considerations which will be important in helping you decide:

**I. "Union Way of Life" Essay**

On separate sheets of paper, submit an essay of not more than 500 words, composed by yourself, titled: What "THE UNION WAY OF LIFE" Means to Me.

*Please check carefully to make sure you have answered fully and completely.*

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's signature)

# E. C. Hallbeck Memorial Scholarship Program



## SECONDARY SCHOOL REPORT

Name of Student \_\_\_\_\_  
(Please print) (Last) (First) (Middle)

School \_\_\_\_\_  
(Name) (City) (State)

*Note for the Principal and/or Counselor:*

To assist us in processing his/her application, we need the following: a carefully considered character and ability estimate by a teacher who knows the student well, a summary of teachers' judgments of the student, rank in class, and a record of his secondary school academic performance. This information will be used in connection with the selection of scholarship recipients and will be seen only by qualified persons involved in the selection process.

**All application material** must be postmarked on or before **March 1** and **received not later than March 15** in order for the applicants to qualify. Please return material to applicant in time for them to meet this deadline.

Any questions, please call 202/842-4268.

A. Name of Principal (or Headmaster) \_\_\_\_\_  
(Last) (First) (Middle)

B. Who is evaluating the student?

Name \_\_\_\_\_ Length of relationship \_\_\_\_\_

If teacher, please

Relationship \_\_\_\_\_ state subject \_\_\_\_\_

(E.g., principal, teacher, counselor)

C. Are you confident that the student will receive his school diploma during the current academic year?

Yes No

If no, please explain \_\_\_\_\_

*Instructions:* IF NECESSARY, USE SEPARATE SHEETS OF PAPER TO RESPOND TO D THROUGH H. In making estimates D through I, please keep in mind that they will be used to compare this student with other very capable students. This form will be used so that no single unfavorable estimate will automatically disqualify any candidate. It is recognized that an extremely gifted young person who holds promise of making a really worthwhile contribution to society often, at least in his early development, does not show up well in all areas. The specific examples of reasons requested below in support of your estimates will be extremely valuable to the Committee in assessing the candidate's qualifications and unique assets.

D. Considering only the student's interests, work habits, and life goals, please give your estimate of the chances that he will be motivated to take full advantage of the opportunities that would be available to him in a college, and give reasons for your estimate.

E. Has this student given any strong evidence of leadership ability?  Yes  No

Please cite specific examples:

F. Has the student shown exceptional talent in any specific field such as art, music, science, literature, mathematics, industrial arts, and so forth?  Yes  No Please cite specific examples (*Note: The Committee would be especially pleased if the teacher or teachers most familiar with the student's special projects would briefly describe the projects on a separate sheet and comment on their significance.*):

G. What is the candidate's principal weakness, if any?

H. Sometimes special circumstances should be considered when evaluating a student's achievement record and test scores. If, in your opinion, this student may have been handicapped by any such circumstances, please specify.

It will be greatly appreciated if as many teachers as possible contribute to this analysis, if necessary making extra copies of this page.

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**(1) PARTICIPATION IN DISCUSSION (SELF-INITIATED)**

- \_\_\_\_\_ always involved, often initiates discussion
- \_\_\_\_\_ usually participates
- \_\_\_\_\_ often participates
- \_\_\_\_\_ occasionally participates
- \_\_\_\_\_ seldom participates
- \_\_\_\_\_ not applicable

**(2) INVOLVEMENT IN CLASSROOM ACTIVITIES**

- \_\_\_\_\_ very high in all activities
- \_\_\_\_\_ active, usually shows genuine interest
- \_\_\_\_\_ mild, politely attentive
- \_\_\_\_\_ languid, attention often wanders
- \_\_\_\_\_ distracted, does other things during class
- \_\_\_\_\_ vacillates greatly

**(3) PURSUIT OF INDEPENDENT STUDY**

- \_\_\_\_\_ considerable study and major project(s)
- \_\_\_\_\_ considerable study or major project(s)
- \_\_\_\_\_ some study and minor project(s)
- \_\_\_\_\_ some study or minor project(s)
- \_\_\_\_\_ no evidence of independent study
- \_\_\_\_\_ not applicable

**(4) EVENNESS OF PERFORMANCE**

- \_\_\_\_\_ exceptionally consistent
- \_\_\_\_\_ even, varies no more than one mark
- \_\_\_\_\_ slightly uneven, often varies one mark
- \_\_\_\_\_ uneven, often varies two marks
- \_\_\_\_\_ erratic, performance fluctuates greatly

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**(5) CRITICAL AND QUESTIONING ATTITUDE**

- \_\_\_\_\_ often challenges
- \_\_\_\_\_ sometimes challenges
- \_\_\_\_\_ occasionally is skeptical
- \_\_\_\_\_ sometimes probes
- \_\_\_\_\_ rarely questions
- \_\_\_\_\_ not applicable

**(6) DEPTH OF UNDERSTANDING**

- \_\_\_\_\_ excellent insight
- \_\_\_\_\_ good understanding
- \_\_\_\_\_ some insight
- \_\_\_\_\_ little insight
- \_\_\_\_\_ poor understanding
- \_\_\_\_\_ not applicable

**(7) PERSONAL RESPONSIBILITY**

- \_\_\_\_\_ always accepts fully
- \_\_\_\_\_ usually accepts fully
- \_\_\_\_\_ partially accepts
- \_\_\_\_\_ sometimes refuses
- \_\_\_\_\_ often refuses

**(8) PERSONAL RESPONSIBILITY**

- \_\_\_\_\_ always considerate of others' rights and feelings
- \_\_\_\_\_ usually considerate
- \_\_\_\_\_ courteous, little evidence of consideration
- \_\_\_\_\_ sometimes inconsiderate
- \_\_\_\_\_ often inconsiderate
- \_\_\_\_\_ inadequate opportunity to observe

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**PLEASE ATTACH ALL TEACHER'S COMMENTS AND RECOMMENDATIONS ON SEPARATE SHEETS OF PAPER.**

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(Signature)

(Title)

(Date)

# SCHOOL RECORD

If you prefer to use your standard transcript form, it is not necessary to use the Class Record spaces provided. It is important, however, that all the questions be answered and that the paper be signed in the space provided.

CLASS RECORD <i>Include Subjects Failed or Repeated</i>								STUDENT INFORMATION				
YEAR	SUBJECTS	IDENTIFY LAB TV SEMINAR SUMMER	IDENTIFY HONORS ACCEL AD. PL. ETC.	MARKS		CRED OR UNIT	STATE EXAM. SCORES	Last Name		First Name		
				1ST SEM.	FINAL OR 2ND SEM.							
GRADE 9								Parent or Guardian		Previous Secondary School Attended (if any)		
								Date Left		<input type="checkbox"/> Withdrew                      Date <input type="checkbox"/> Was or Will be Graduated		
								SCHOOL INFORMATION				
								School Name		School Address		
								School Accredited By <input type="checkbox"/> State System                      School Phone Number <input type="checkbox"/> Reg. Accred. Assoc.	Enrollment in Grades		Percent Graduates Entering College	
								PUBLIC <input type="checkbox"/> NON-PUBLIC <input type="checkbox"/> Passing Mark                      Honors Mark (if any)	-12	4-Yr. Col.	2-Yr. Col. and Other	
GRADE 10								LOWEST NUMERICAL EQUIVALENT				
								A	B	C	D	
	GRADE 11								<b>RANK IN CLASS</b> BASED ON _____ SEMESTERS <input type="checkbox"/> EXACTLY <input type="checkbox"/> APPROX. _____ IN CLASS OF _____ FINAL RANK _____			
									Check Appropriate Rank Information <input type="checkbox"/> ALL SUBJECTS GIVEN CREDIT <input type="checkbox"/> ALL STUDENTS <input type="checkbox"/> MAJOR SUBJECTS ONLY <input type="checkbox"/> COLL. PREP. STUDENTS ONLY			
									Explain Weighting of Marks in Determining Rank. If school does not rank, please indicate whether student falls within the top 5% of graduation class.			
GRADE 12												

**OUTSTANDING ACTIVITIES, HONORS, AWARDS:**

TEST RECORD	DATE	NAME OF TEST	RAW OR STD. SCORE	PERCENTILE SCORE	NORM GROUP