SHEILA W. JORDAN SCHOLARSHIP PROGRAM PACKET 2023

* or for the moon of the moon

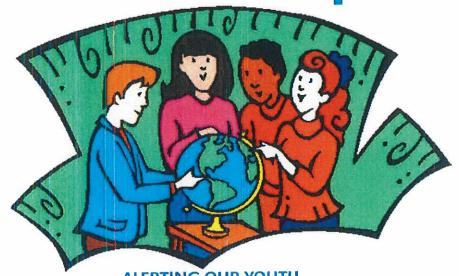
City Union of Baltimore Local 800, AFT, AFL-CIO



Return completed application to:
City Union of Baltimore
2117 N. Howard Street.
Baltimore, MD 21218-5603
Attn: Sheila W. Jordan, Scholarship



City Union of Baltimore's SHEILA W. JORDAN SCHOLARSHIP PROGRAM



ALERTING OUR YOUTH KNOWLEDGE IS POWER

PLEASE POSTMARK OR HAND DELIVER BY October 23, 2023



SHEILA W. JORDAN SCHOLARSHIP

This scholarship is awarded in honor of the memory of Sheila W. Jordan. Ms. Jordan began her career with the Baltimore City Department of Corrections and later worked in the newly formed Mayor's Office of Information Technology (MOIT). In both positions she worked effortlessly to improve the working conditions of Baltimore City Employees. She was also know as an enthusiastic advocate for education.

Ms. Jordan was one of the original organizers of The City Union of Baltimore (CUB). The Union received its charter from the American Federation of Teachers in January of 1988. Ms. Jordan began working as a Labor Relation Specialist for CUB and eventually progressing to Staff Director. Ms. Jordan continually worked to organize the membership of the City Union of Baltimore. In 1996 Ms. Jordan was elected President of the City Union of Baltimore where she served as President until her untimely passing in 2001.

In memory of Ms. Jordan and her determination and dedication to organize members, to advocate for higher education and to improve the lives and working conditions of Baltimore City employees the Sheila W. Jordan Scholarship was created. The very first first scholarship was awarded in August 2002.

Sheila W. Jordan, Scholarship

- Application : Filled out completely.
- Essays / Statement of goals: Prepare a concise statement (300-500 words of your professional goals. If you have not decided on a career path, discuss why you believe higher education is important to your future.
- Letter Of Recommendation: obtain three letters of recommendation, one personal, one professional and one academic from persons who can evaluate your ability, performance and potential for success.
- Documentation: Arrange to have all relevant grades, SAT, ACT and /or entrance exams scores included.
- Proof of Acceptance: Submit a copy of your acceptance letter or your official school schedule from your enrolled institution.

TO BE COMPLETED BY APPLICANT

(Please print in black ink or type)

| Applicant's Name: | | | | |
|------------------------------------|--|---------------------------------|-----------------------|---------------------------|
| Address: | | | | |
| Phone : | Email | | | |
| Date of birth | Graduation date | 20 | | |
| * | participate in at your high schoo | | | |
| List any academic honors th | nat have received: | | | |
| | you have been accepted to, atte | | otance: | |
| right to reprint some or all of th | Sheila W. Jordan , scholarship appli ne winning essays in union publicatio erpt these essays and /or photos in o | ons and to identify the author: | s of the winning essa | ys. CUB also reserves the |
| Signature : | | Date: | | |

TO BE COMPLETED BY SCHOOL/EMPLOYER

Dear School/Employer Representative:

This student/employee is an applicant for a Sheila W. Jordan, Scholarship. As an aid in the selection process it is necessary that the Sheila W. Jordan scholarship selection committee receive the information regarding the student's/employee's character, ability and performance sought in this section,. This information will be used only by the scholarship selection committee. It is important that this section be completed and returned to the applicant so that he/she has sufficient time to submit their entire application postmarked no later than October 23, 2023

| Name of School/EmploymentAddressCity | | | | | |
|---|---|-------|--|--|--|
| Who is rating the student/employee? | | | | | |
| Name | Email | Phone | | | |
| Relationship | nship(e.g., principal, teacher, supervisor), Length of relationship ? | | | | |
| What is your general evaluation of this student/employee: | | | | | |
| | | | | | |
| Please include any Scholastic Aptitude test(SAT GPA | | | | | |
| Signature | Date | | | | |

TO BE COMPLETED BY PARENT, LEGAL GUARDIAN OR FINANCIALLY-RESPONSIBLE GRANDPARENT WHO IS A FULL DUES PAYING MEMBER OF THE CITY UNION OF BALTIMORE

| Name: | | |
|--|---------------|-------|
| Address : | | |
| City : | State | Zip |
| Phone: () | _Cell () | Email |
| Employer: | Work Phone () | Mile- |
| Local Number: Retiree chapter | | 7.00 |
| Check one: Parent Legal Guardian Financially – Responsible Grandparent | | |

ATTACH PROOF OF MEMBERSHIP: MEMBER COPY OF MEMBERSHIP CARD/work ID

Applicants receiving the Sheila W. Jordan Scholarship

will be notified by email as to when and where the ceremony will take place. We wish you success and thank you for Appling for the Sheila W. Jordan Scholarship!

