

Kean University Adjunct Faculty Federation

KUAFF, AFT Local 624

2016 SCHOLARSHIP PROGRAM

FOR SONS & DAUGHTERS

GRADUATE STUDIES

Applicant Name (Print) _____

Mailing Address _____ (City) _____ (St.) _____ (Zip) _____

Email _____ Cell Phone _____ Home Phone _____

Name of Parent (KUAFF Member - Print) _____

Parent Address _____ (City) _____ (St.) _____ (Zip) _____

Email _____ Cell Phone _____ Home Phone _____

Length of time in KUAFF (Years) _____

Leadership/Committee roles in KUAFF (list years and the positions) _____

By signing this statement, I am indicating the truth for all purposes.

Signature of Son/Daughter Applicant _____

Signature of Parent Applicant (KUAFF Member) _____

Are you beginning and/or you continuing graduate studies? Please give the name and the address of the institution of higher learning that you are or will be attending
