2019 Minnesota AFL-CIO	
Labor Leadership Grants	

**APPLICATION FORM** 

Sponsored by the Minnesota AFL-CIO for members of affiliated unions seeking to develop their abilities and skills as union leaders.

**Recipients will be selected by the Minnesota AFL-CIO Education Committee. The Committee will determine the grant amount.** 

Please submit ONE application only. Duplicate entries will be disqualified.

I am applying for:						
	<b>THE TOBEY LAPAKKO LABOR LEADERSHIP GRANT</b> (a total of \$1,000 in grants will be awarded) Available to women who are union members in good standing to help defray the cost of classes, programs or conferences sponsored or endorsed by the AFL-CIO or affiliated organizations. Tobey served as Consumer Affairs Director of the Minnesota AFL-CIO, and she was a former commissioner of the Department of Economic Security.					
	(a total of \$1, Available to men w help defray the cost or endorsed by the Charles McKenna ser	<ul> <li>THE CHARLES McKENNA LEADERSHIP GRANT (a total of \$1,000 in grants will be awarded)</li> <li>Available to men who are union members in good standing to help defray the cost of classes, programs or conferences sponsored or endorsed by the AFL-CIO or affiliated organizations. Charles McKenna served as Business Manager of Iron Workers Local 512, and served as a District Vice President of the Minnesota AFL-CIO from 1979 – 1982.</li> </ul>				
a <b>T 1 – <i>TO BE COMPLET</i></b>	ED BY THE APPLICA		·			
Last		First	Middle			
ome Address						
	Street	City	State	Zip		
one:	E-	mail address:				
ion: Local No.			national Union			

ART II – <i>TO BE COMPLETED B</i> Y	Y APPLICANT: (Ple	ease print or type)				
PROGRAM INFORMATION						
Name of the class, program or con	nference you plan to at	tend:				
Brief description:						
Date(s) offered:						
Offered or sponsored by:						
Cost:	Cost: Amount requested:					
GRANT SHOULD BE SENT T	<b>O</b> :					
Name of sponsoring orga	nization:					
To the Attention of:						
Address:		0				
Street Phone: Area Code			ty Zi	p		
ART III – <i>TO BE COMPLETED B</i>	Y LOCAL UNION (	OFFICER: (Plea	se print or type)			
I certify that						
is a member in	(applicar					
good standing of	ational Union	Local No				
and has held membership in this loc application, and that <b>our local unio</b> <i>requirement for the applicant's elig</i>	al union for a period n is an affiliate of th	of one year prior	to the date of the	his scholarship		
Our union is contributing \$ educational program described in Pa	rt II.		-	ipation in the		
Local Union Officer						
			Title			
AddressStreet		City	State	Zip		
Signature of officer						
Date	Phone (	)				
Mail this form, postmarked, to	: Minnesota AFL-C 175 Aurora A St. Paul, Minnes (651) 227-7647 or 1	Avenue sota 55103	mmittee			
	(031) 221-7047 01 1	000-0 <i>34-7</i> 00 <b>4</b>				