



AFSA 2017-2018 SCHOLARSHIP PROGRAM APPLICATION

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AFSA MEMBERSHIP VERIFICATION – FORM 5

(Please PRINT or TYPE)

Applicant's Name: _____

AFSA Member Verification:

I, _____ verify that I have been a member
(Name of AFSA Member)

in good standing of the American Federation of School Administrators, Local # _____,
(AFSA Local Number)

_____ since _____ Member's E-mail: _____
(AFSA Local Name) (Month/Day/Year)

Signature of AFSA Member: _____ Date: _____

Local Union Verification:

Signature: _____ Date: _____
(Local Union Officer)

Print Officer's Name and Union Position: _____

Local Union Officer's E-mail Address: _____

Local President's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Please return completed form **postmarked by February 28, 2018** to:
AFSA Scholarship Committee, 1101 17th ST, NW, Ste. 408, Washington, DC 20036