



Union Membership Verification Form

To be eligible for **Central State University's Global Grant** this form must be completed and submitted as part of your application.

Please complete, sign, and provide this form to your local union so that a union representative can verify your membership. Once all sections of this form are completed, upload a copy of this form to your Central State University application dashboard by logging into your application portal.

If you are experiencing trouble uploading the document, please send a copy of the document along with your full name, date of birth, and email address to: **onlineadmissions@centralstate.edu**.

Union member eligibility

I, _____ verify I have been a member in good standing
of _____ Local # _____ since _____.
(Name of Union) (Month/Year)

AFSCME Union Members Only. Complete these 3 fields:

Council _____, Local # _____ AFSCME Member ID#* _____.

*Don't know your AFSCME ID number? You can refer to your AFSCME member card, contact Member Services at 855-237-2631, or look up your AFSCME member ID at <https://enterprise.afscme.org/MemberApp/>

I understand if I voluntarily leave the union, not as a result of layoff, union-sanctioned strike or lock-out, I and any eligible family member will no longer be eligible of Central State University's Global Grant.

(Signature)

(Date)

(Union member's current address: street, city, zip code)

Family member eligibility

Complete this information only if this Global Grant is for an eligible union member's family member. (Eligible family members: children (or stepchildren), grandchildren (or step-grandchildren), spouses, domestic partners, financial dependents, siblings and parents; including in-laws.)

I, _____, verify _____
(Union member's name) (Name of Central State Global student)

is my _____.
(Relationship to you)

(Signature)

(Date)



CENTRAL
STATE UNIVERSITY

Attention Local Union Representative

Please complete this section promptly and return this form to the union member/applicant. This form is required for the union member or their family member to qualify for a Central State University's Global Grant.

I verify the information supplied by the union member, whose name and signature appear on this form, is true and complete to the best of my knowledge.

(Signature of local union representative)

(Date)

(Printed name of local union representative)

(Phone number)

Local union information

(Street Address)

(City)

(State)

(Zip Code)

(Local president's name)