



*2021 Rollie Hopgood Future Teachers Scholarship Award*

**PARENT VERIFICATION FORM**

Parent's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

AFT Michigan Local Name \_\_\_\_\_

Job Title/Position \_\_\_\_\_ Worksite \_\_\_\_\_

Parent Signature

Date

**This section below is to be completed by the Local Union Officer (information will be verified):**

**Local Union Officer Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Dues Paying Member?**  Yes  No

**Local Union Officer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**THIS SHEET MUST ACCOMPANY THE APPLICATION**