



**Seafarers Health and Benefits Plan**

**Scholarship Program  
for Seafarers  
and Their Dependents**

In the early 1950s, the Seafarers International Union became the first maritime union in America and one of the first trade unions generally to sponsor a scholarship program to help qualified members and their dependents finance college and vocational education.

Each year, three scholarships are reserved by the Seafarers Health and Benefits Plan for Seafarers themselves. One is a \$20,000 four-year college scholarship. Each of the others is a \$6,000 two-year scholarship for study at a vocational school or community college. In addition, five \$20,000 four-year scholarships are awarded to selected dependents.

Since the inception of the program, the impartial committee of professional educators from colleges and universities has awarded approximately 350 scholarships to Seafarers and their dependents.

The scholarship program has produced doctors, lawyers, engineers, pharmacists, librarians, teachers, computer specialists and scientists—most of whom have pointed out that without the Seafarers' help, they never would have had the opportunity to pursue their education.

All of us in the Seafarers family can take justifiable pride in this program. It is a tribute to the vision of its creator, the late Paul Hall, who headed the union until his death in 1980.

This booklet describes the scholarship program in detail and contains instructions for Seafarers and their dependents who wish to be considered for one of these awards.

To each applicant, I extend my very best wishes for every success.

Michael Sacco  
President  
Seafarers International Union

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# **Critical Information**

## **How to Use This Booklet**

### **Dependent Applicants**

1. Read PART A.
2. Read PART B.
3. Fill out FORM A and FORM B.
4. Use the Application Checklist on page 15 as a guide to completion of application procedures.

### **Seafarer Applicants**

1. Read PART A.
2. Read PARTS C & D.
3. Fill out FORM A and FORM C.
4. Use the Application Checklist on page 19 as a guide to completion of application procedures.

## **Purpose of Scholarships**

The purpose of the Scholarship Fund is to provide a college education for participants of the Seafarers Health and Benefits Plan, their spouses, and their sons and daughters, subject to the eligibility conditions set forth in this booklet.

## **Source of Fund**

The Scholarship Fund was launched through the use of monies appropriated for this purpose by the Trustees at a meeting on August 5, 1952. It is augmented by other monies set aside from time to time for this purpose from the funds of the Seafarers Health and Benefits Plan.

## **Administrators of Fund**

The Administrators of the Scholarship Fund shall be the Trustees of the Health and Benefits Plan or their alternates.

## **Administration of the Scholarship Fund**

Scholarship holders will be required to furnish . and must authorize their colleges, universities or vocational schools to make available such

information, scholastic records and reports as the Trustees shall request.

Nothing herein contained shall be deemed to reduce the power of the Trustees to make any changes or modifications in any or all of the benefits of the Seafarers Health and Benefits Plan, including this one.

The Trustees of the Seafarers Health and Benefits Plan may revoke a scholarship at any time a recipient fails to comply with the above provisions or those contained herein.

## **The Committee**

An impartial committee of distinguished professional educators, appointed by the Board of Trustees of the Seafarers Health and Benefits Plan, will make the annual scholarship awards after a study of the records and qualifications of all the applicants.

The SAT or ACT scores, together with evidence of the candidates' past scholastic attainments, character, and qualities of leadership will form the basis of the selection. All grades and ratings will be held in confidence.

The conference of the Scholarship Committee will be closed and its deliberations will be confidential. Its actions will be final, subject to the approval of the Trustees.

## **The Scholarship Awards**

Five scholarships in the amount of \$20,000 each will be awarded annually to the dependents of Seafarers. (These awards will be paid at the rate of \$5,000 per year over a four-year period.) Announcement of award recipients is made in May or June of each year.

## **How Awards Are Granted**

Scholarships are awarded on the basis of secondary school records; the college entrance tests (the Scholastic Aptitude Test or the American College Test); college transcripts, if any; applicant's autobiography, character references, and extra-curricular activities.

When the scholarship recipients are announced, the Committee also will designate up to two alternates who will be eligible for the awards in the event that any of the persons selected are unable to accept their scholarships.

Alternates and other candidates who are not awarded scholarships may be reconsidered the following year, provided they still meet the eligibility requirements. Such candidates are encouraged to retake the college entrance exam of their choice in order to strengthen their credentials. In such cases, all test scores will be considered by the Committee.

## **How Scholarships May Be Used**

Scholarship recipients may use their awards at the college or university of their choice, provided the institution is an accredited school in the United States or its territories, and provided also that the school offers standard academic or professional degrees.

Recipients must inform the Trustees of the Seafarers Health and Benefits Plan the school to which they have been admitted by August 1 of the year in which the award is granted. They must also obtain permission from the Trustees before transferring to another institution.

The Trustees reserve the right to reject any school on reasonable grounds.

Applicants are responsible for all negotiations and fees in connection with admission to their chosen school. Upon admission, scholarship recipients must maintain, at all times, standards of conduct satisfactory to the college or university attended and to the Trustees of the Seafarers Health and Benefits Plan.

## **Please Note:**

Recipients must maintain at least a B+ average in order to keep their scholarships on a yearly basis. They are required to take a full course load each semester, to continue their studies without interruption except for usual vacation periods, and to complete their program of study during the four years covered by the award.

A recipient must notify the Trustees, in writing, if he or she makes a change in curriculum during their college career. However, the award will not be increased or continued beyond the designated four years.

Scholarship awards may be used for post-graduate work in those instances where the recipient completes the undergraduate work prior to using the full four years of the award. Requests to continue the award must be submitted to the Trustees immediately upon completion of the undergraduate program. The Trustees will notify the applicant if the award will be continued for post-graduate study.

Similarly, recipients who wish to participate in accelerated programs may request, in writing, special consideration from the Trustees. Adjustments may be made in individual cases, provided they do not increase the total amount of the scholarship.

## Eligibility

Benefits payable under this Plan are limited to those Seafarers and their dependents who meet the eligibility requirements as set by the Rules and Regulations of the Seafarers Health and Benefits Plan. This includes pensioners and dependents collecting from the Seafarers Pension Plan that are eligible for benefits under the Seafarers Health and Benefits Plan, as well as dependents of deceased Seafarers. The payment of benefits under the Plan is subject to the limitations and conditions described in the Plan's Rules and Regulations and Trust Agreement.

Eligibility must be established at the time application is made.

Each APPLICANT for a dependent's scholarship must be:

1. Spouse of an eligible Seafarer or pensioner.
2. Dependent Children- All unmarried children of an eligible Seafarer or pensioner for whom the Seafarer or pensioner (and his or her spouse) has been the sole source of support during the calendar year immediately preceding the date upon which a scholarship is made:
  - (a) Who are under the age of 19.
  - (b) A graduate of high school or its equivalent. (Application may be made during the senior year of high school.)
  - (c) Who are under the age of 25 and are full-time students enrolled in a program leading to a baccalaureate or higher degree at an accredited institution authorized by law to grant such degrees.

(Dependent children recipients who marry while receiving a scholarship shall not lose their award by reason of such marriage.)

The applicant's spouse/parent (Seafarer) must:

1. Have credit for a total of 1,095 days of covered employment with an employer who is obligated to make contributions to the Seafarers Health and Benefits Plan on the Seafarer's behalf prior to the date of application.
2. Have at least 60 days of covered employment in each of the two eligibility periods in the previous calendar year, or a total of 125 days of covered employment distributed between the two eligibility periods. Eligibility periods are defined as January through June, and July through December.

*NOTE: Item #2 covering work-time requirements for the applicant's spouse/parent DOES NOT apply to applicants who are dependent children or spouses of eligible pensioners or of eligible deceased Seafarers.*

## **The Scholarship Awards**

Three scholarships are awarded annually to Seafarers.

Two of them are for \$6,000 each and are designed for two-year courses of study at a post-secondary vocational school or community college. They are paid at the rate of \$3,000 per year.

The third is for \$20,000 and is intended to cover a four-year, college-level course of study. This award is paid at the rate of \$5,000 per year. In a year with exceptionally qualified Seafarer applicants, the Board of Trustees may, at its sole discretion, award a second \$20,000 scholarship.

Applicants should indicate whether they are applying for a two-year or four-year scholarship.

Announcement of award recipients is made in May or June of each year.

## **How Awards Are Granted**

Scholarships are awarded on the basis of high school equivalency scores or secondary school records, college transcripts, if any, the results of the college entrance exams (the Scholastic Aptitude Test or the American College Test) and references on character or personality.

When the scholarship recipients are announced, the Committee also will name one Seafarer as an alternate of the \$20,000 award and up to two Seafarers as alternates for the \$6,000 awards in the event that any of the persons selected are unable to accept their scholarships.

Alternates and other candidates who are not awarded scholarships may be reconsidered the following year, provided they still meet eligibility requirements. Such candidates are encouraged to retake the college entrance exam of their choice

in order to strengthen their credentials. In such cases, all test scores will be considered by the Committee.

Recipients of the two-year scholarship awards may apply and be considered for the four-year scholarship at a later time. However, they may not use the same seatime to establish eligibility for both awards. They must acquire additional seatime in accordance with the eligibility requirements before applying for a second award.

## **How Scholarships May be Used**

Scholarship recipients may use their awards at the college, university, junior or community college, or post-secondary trade or vocational school of their choice. The school must be accredited by an agency recognized by the United States Office of Education, must be located in the United States or its territories and must offer standard academic, professional or vocational degrees or certification.

Recipients must inform the Trustees of the Seafarers Health and Benefits Plan the school to which they have been admitted by August 1 of the year in which the awards are granted. They must also obtain permission from the Trustees before transferring to another school.

The Trustees reserve the right to reject any program or institution on reasonable grounds.

Applicants are responsible for all negotiations and fees in connection with admission to their chosen school, and it is recommended that they apply to more than one school. Scholarship recipients must maintain, at all times, standards of conduct satisfactory to the school attended and to the Trustees of the Seafarers Health and Benefits Plan. Recipients must maintain good scholastic standing in order to keep their scholarship on a yearly basis.

The four-year scholarship award may be used for post-graduate work in those instances where the recipient completes the undergraduate work prior to using the full four years of the award. Requests to continue the award must be submitted to the Trustees immediately upon completion of the undergraduate program. The Trustees will notify the applicant if the award will be continued for post-graduate work.

Similarly, recipients who wish to participate in accelerated programs may request, in writing, special consideration from the Trustees. Adjustments may be made in individual cases, provided they do not increase the total amount of the scholarship.

Seafarers are allowed up to four years to complete a two-year course of study and six years to complete a four-year course of study. They will receive a proportional amount of the award during the semesters they are actually enrolled at the school and taking a full course load sufficient to ensure graduation within the period of time covered by the award. They must receive written approval from the Trustees for their extended course of study.

Should a recipient change his or her curriculum, the designated amount and/or duration of the award will not be increased.

## Eligibility

Benefits payable under this Plan are limited to those Seafarers who meet the eligibility requirements as set by the Rules and Regulations of the Seafarers Health and Benefits Plan. The payments of benefits under the Plan are subject to the limitations and conditions described in the Plan's Rules and Regulations and Trust Agreement.

Eligibility must be established at the time application is made.

Each APPLICANT for a Seafarers Scholarship must:

1. Be a graduate of high school or equivalent.
2. Have credit for a total of 730 days of employment with an employer who is obligated to make contributions to the Seafarers Health & Benefits Plan on the Seafarers' behalf prior to the date of application.
3. Have at least 60 days of covered employment in each of the two eligibility periods in the previous calendar year, or a total of 125 days of covered employment distributed between the two eligibility periods. Eligibility periods are defined as January through June, and July through December.

*NOTE: Seafarers who meet eligibility requirement #3 receive employment credit for one-half of their upgrading time spent at the Seafarers Harry Lundeberg School of Seamanship. This credit may be used to meet a portion of the 730 days of employment shown in requirement #2.*

## College Entrance Examinations

The Scholarship Committee will accept the results of either the SAT (not including the Achievements Tests) or the ACT exams. You should take whichever examination is required by the colleges or trade schools to which you are applying. Books which simulate the SAT and ACT exams are available at most bookstores.

These exams are given approximately six times a year on specified dates, and registration ends one month before the test date. Write and request a test application, literature about the test and an Additional Score Report Form to ensure that the testing agency sends your scores to the Committee.

### ***Sending SAT Scores***

To request your SAT scores to be sent to the scholarship program, you may go online to: [www.collegeboard.org](http://www.collegeboard.org). The code to have scores sent to this scholarship program is **0110**.

If your SAT scores are a year or more old, they may be obtained by mail. You must send an archived score report order form, which can be found on the college board website, to:

**SAT Program  
P.O. Box 7503  
London, KY 40742-7503**

Another option for obtaining scores is through telephone. The phone number is (866)756-7346.

### ***The SAT Test***

This three-hour multiple-choice test is designed to measure your ability to do college work.

Part one deals with verbal skills- the ability to read with understanding, to use words correctly, to interpret and relate ideas, to reason logically, and to draw conclusions correctly.

Part two deals with the proper use of standard written English. This is primarily a placement test, and the scores are to be used after the student is admitted to college, not during the admissions process. However, the Scholarship Committee will use these scores in its evaluation.

Part 3 is the mathematics section, which tests your ability to use and reason with numbers or mathematical concepts, with the emphasis placed on the ability to apply fundamental mathematical knowledge to new situations.

### ***Sending ACT Scores***

To request your ACT scores to be sent to the scholarship program, you may go online to: [www.act.org](http://www.act.org). The code to have scores sent to this scholarship program is **2875**.

You may also request your scores by sending a request form, which can be found on the ACT website, to the following address:

**ACT Student Services – Score Reports  
P.O. Box 451  
Iowa City, IA 52243-0451**

Another option for obtaining scores is through telephone. The phone number is (319)337-1270.

### ***The ACT Test***

This test differs from the SAT in that it measures achievement as well as scholastic aptitude. It also collects information about student educational plans, analyzes data, and reports information to the student and to the college to which the student is applying.

Part 1 is the Student Profile Section, which you are given 20 minutes to complete. It asks for the kind of information colleges need to help you make satisfactory plans, such as your academic and vocational fields of interest, the types of college housing you expect to live in, and your anticipated financial needs in college.

Part 2 consists of four tests- English, mathematics, social studies and natural sciences- each averaging 40 minutes in length. The questions are designed to measure your ability to understand and analyze reading material taken from those areas. An average of your scores on the four tests provides an overall estimate of your ability to succeed academically.

**Seafarers Health and Benefits Plan**

**Scholarship Program Application Forms**

**DEPENDENT Applicants complete FORM A and FORM B.**

**SEAFARER Applicants complete FORM A and FORM C.**

**Please remove applicable forms and return completed forms, along with other required documents, to:**

**Seafarers Health and Benefits Plan  
Scholarship Program  
5201 Auth Way  
Camp Springs, MD 20746**

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**FORM A**

**Seafarers Health and Benefits Plan  
Scholarship Program Application**

**This Form Must Be Filled Out by All Scholarship Applicants**

I AM APPLYING FOR (Circle One):      Dependents' Scholarship Award      Seafarers' Scholarship Award

**GENERAL INFORMATION**

Name - Last:      First:      Middle:

Home or permanent mailing address - Street:

City:      State:      Zip Code:

Temporary address (if any):

Temporary address in effect until (give date):

Phone Number:      Social Security number (Last four digits):

Birth date (Month/Year):      Martial Status:      Number of dependents (if any):

If you have dependents, please list them below:

Name:      Relationship:

Name:      Relationship:

Name:      Relationship:

Name:      Relationship:

Name:      Relationship:

Mother's name:      Occupation:      Living or deceased:

Father's name:      Occupation:      Living or deceased:

Number of brothers and/or sisters:      Are you a U.S. Citizen?:

Ages of brothers and/or sisters:

Have you ever been in the armed forces?:      Branch of service:

Dates of service:      (from)      (to)

Type of discharge:      If you are presently in the armed forces, give rank, serial number, etc.:

**WORK EXPERIENCE**

Please describe briefly any work experience you have had within the past three (3) years:

**This page and the following two pages are to be completed by ALL Applicants**

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## EDUCATIONAL BACKGROUND

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Are you now attending school?: \_\_\_\_\_ If so, state name of school and grade, term or level: \_\_\_\_\_

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### List High Schools and/or Technical Schools Attended

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Full name of school	City, State	From / To	Grade Completed
		/	
		/	
		/	
		/	

Reason for withdrawal, if you did not graduate: \_\_\_\_\_

Have you ever taken the high school equivalency examination?: \_\_\_\_\_

Where: City: \_\_\_\_\_ State: \_\_\_\_\_ When (Month / Year): \_\_\_\_\_

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### List Any Colleges You Have Attended

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College	City / State	From / To	Semesters Completed	Credits Earned
		/		
		/		
		/		

While attending school, in what student activities did you participate: \_\_\_\_\_

Athletic: \_\_\_\_\_

Non-athletic: \_\_\_\_\_

List any offices you have held in school, civic, church, or similar organizations: \_\_\_\_\_

Have you done any community volunteer work?: \_\_\_\_\_ If so, what?: \_\_\_\_\_

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## EDUCATIONAL PLANS

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State your probable major field of study or interest (e.g., pre-medical, history, teaching, art, engineering, etc.) or your specific vocational trade interest (e.g., electronics, bookkeeping, welding, etc.): \_\_\_\_\_

Where will you live while you are attending school: \_\_\_\_\_

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## REFERENCES

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List the names and addresses of three (3) people, not related to you, who will be writing letters of recommendation.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

(PLEASE NOTE: Have your letters of recommendation sent DIRECTLY TO: Scholarship Program, Seafarers Health and Benefits Plan, 5201 Auth Way, Camp Springs, Maryland 20746)

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**This page and the following page are to be completed by ALL Applicants**

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## **Autobiographical Statement Required for All Applicants**

In the space below, and on attached page if necessary, please present a short autobiographical statement. Particular attention should be given to your educational and vocational plans, including the reasons for your choice of objective.

(Attach passport  
size photo here)

I declare that the above statement and the answers given in the application are true to the best of my knowledge and belief.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: All documents, pictures, etc., become the sole property of the Seafarers Health and Benefits Plan Scholarship Program and will not be returned to the applicant.

**DEPENDENTS complete FORM B**

**SEAFARERS complete FORM C**

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# **Dependent Application Checklist**

**Dependent Applicants: Please make sure to complete the following checklist. Applications that do not meet these requirements will be considered incomplete.**

- \_\_\_ Please type the application or print plainly in black ink.
- \_\_\_ **Scholarship Application.** Please complete Form A and Form B.
- \_\_\_ **Autobiographical Statement.** Space for an autobiographical statement is provided. Considerable emphasis is placed on this essay and should be written with care.
- \_\_\_ **Photograph of Yourself.** This should be a passport-type picture and should be attached to your autobiographical statement in the space provided.
- \_\_\_ **High School Transcript.** Request your transcript from your high school and ask that they be sent directly to the Scholarship Program. Transcripts sent by the applicant will not be accepted.
- \_\_\_ **OR:**
- \_\_\_ **Official Copy of High School Equivalency Scores.** If you earned your high school diploma by taking the High School Equivalency examination (GED), you can go to [www.gedtestingservices.com](http://www.gedtestingservices.com) to obtain your scores. Please have an official copy of your scores sent directly to the Scholarship Program.
- \_\_\_ **College Transcript.** If you are already attending college, or if you have previously attended college, ask the Office of the Registrar to send an official transcript directly to the Scholarship Program. Transcripts sent by the applicant will not be accepted.
- \_\_\_ **Letters of Reference.** Three letters are required for all applications. These letters can be from your high school principal or your high school teachers.  
The letters of reference should attest to your character and qualities of leadership, and should set forth the nature and extent of the extra-curricular activities in which you participate. All letters of reference must be sent directly to the Scholarship Program from the person making the reference.
- \_\_\_ **SAT or ACT Results.** The testing service should send the results directly to the Scholarship Program. Test results sent by the applicant will not be accepted. Please reference page 6 if you need further help in submitting your test scores.

**Contact the agencies and person who will send letters and required documents in ample time so that these items are mailed and postmarked on or before April 15.**

All items should be sent to the following address:

**Seafarers Health and Benefits Plan  
Scholarship Program  
5201 Auth Way  
Camp Springs, MD 20746**

## **Deadlines for Dependents**

1. The completed application form and all items listed on the Application Checklist should be mailed by April 1. Advise schools, SAT/ACT, and persons submitting reference letters that any document postmarked after April 15 will not be accepted.
2. Scholarship recipients must enroll in a college or university and notify the Seafarers Health and Benefits Plan of the admission by August 1 of the year in which the award was granted or forfeit the award.
3. Recipients of the Dependents' Scholarships are expected to complete their program of studies during the four years covered by the award.

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**FORM B**

**Special INFORMATION Required  
For DEPENDENT Applications**

**Fill in the following only if you are applying for a dependent's scholarship**

Your relationship to Seafarer:

Seafarer's name - First:

Middle:

Last:

Seafarer's address - Street:

City:

State:

Zip Code:

Seafarer's division (circle one):

Oceans

Great Lakes

Inland Waters

Seafarer's Social Security number (last four digits):

Seafarer's date of birth (Month / Date / Year):

Seafarer's book number:

If applying as the spouse/child of a deceased Seafarer, give date of death:

If applying as the dependent of a pensioner, give date of retirement:

**The seetime requirements for a dependent application are as follows:**

1,095 days of covered employment with an employer who contributes to the Seafarers Health and Benefits Plan

60 days of covered employment in each of the two eligibility periods in the previous calendar year, or a total of 125 days of covered employment distributed between the two eligibility periods

**These requirements will be reviewed and confirmed by the office.**

List the vessel/company where Seafarer is presently employed

Vessel:

Company:

List, in order of preference, the college or universities to which you have applied or to which you will apply:

1. Name:

City:

State:

2. Name:

City:

State:

3. Name:

City:

State:

4. Name:

City:

State:

**For office use only:**

Have the seetime requirements been met?  Yes  No

**PLEASE NOTE: This page is to be completed by DEPENDENT Applicants only**

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# Seafarer Application Checklist

**Seafarer Applicants: Please make sure to complete the following checklist. Applications that do not meet these requirements will be considered incomplete.**

- \_\_\_ Please type the application or print plainly in black ink.
- \_\_\_ **Scholarship Application.** Please complete Form A and Form C.
- \_\_\_ **Autobiographical Statement.** Space for an autobiographical statement is provided. Considerable emphasis is placed on this essay and should be written with care.
- \_\_\_ **Photograph of Yourself.** This should be a passport-type picture and should be attached to your autobiographical statement in the space provided.
- \_\_\_ **High School Diploma.** Please send in a copy of your diploma or another form of proof of graduation.  
**OR:**
- \_\_\_ **Official Copy of High School Equivalency Scores.** If you earned your high school diploma by taking the High School Equivalency examination (GED), you can go to [www.gedtestingservices.com](http://www.gedtestingservices.com) to obtain your scores. Please have an official copy of your scores sent directly to the Scholarship Program.
- \_\_\_ **College Transcript.** If you are already attending college, or if you have previously attended college, ask the Office of the Registrar to send an official transcript directly to the Scholarship Program. Transcripts sent by the applicant will not be accepted.
- \_\_\_ **Letters of Reference.** Three letters are required for all applications. These letters should come from individuals who know you and who have some knowledge of your character, personality, and career goals. (For example: Shoreside employers, teachers or instructors at the Lundeberg School, or a former Captain, Bosun, or your own selection of individuals.)  
All letters of reference must be sent directly to the Scholarship Program from the person making the reference.
- \_\_\_ **SAT or ACT Results.** If you have taken either of these tests, please submit your scores. The testing service should send the results directly to the Scholarship Program. Test results sent by the applicant will not be accepted. Please reference page 6 if you need further help in submitting your test scores.

**Contact the agencies and person who will send letters and required documents in ample time so that these items are mailed and postmarked on or before April 15.**

All items should be sent to the following address:

**Seafarers Health and Benefits Plan  
Scholarship Program  
5201 Auth Way  
Camp Springs, MD 20746**

## **Deadlines for Seafarers**

1. The completed application form and all items listed on the Application Checklist should be mailed by April 1. Advise schools, SAT/ACT, and persons submitting reference letters that any document postmarked after April 15 will not be accepted.
2. Scholarship recipients must enroll in a college or university and notify the Seafarers Health and Benefits Plan of the admission by August 1 of the year in which the award was granted or forfeit the award.  
Seafarer recipients who are unable to enroll by August 1 must ask the Trustees in writing before that date for permission to enroll one semester later. Any extension is at the discretion of the Board of Trustees.
3. Seafarers who receive a \$20,000 award must complete their program within six years. Seafarers who receive \$6,000 rewards must complete their programs within four years.

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**FORM C**

**Special INFORMATION Required  
For SEAFARER Applications**

**Fill in the following only if you are applying for a Seafarer's scholarship**

I am applying for (circle one):                      4-year scholarship                      2-year scholarship

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Division (circle one):                                      Oceans                                      Great Lakes                                      Inland Waters

---

Your book number: \_\_\_\_\_

**The seetime requirements for a Seafarer application are as follows:**

730 days of covered employment with an employer who contributes to the Seafarers Health and Benefits Plan

60 days of covered employment in each of the two eligibility periods in the previous calendar year, or a total of 125 days of covered employment distributed between the two eligibility periods

**These requirements will be reviewed and confirmed by the office.**

List the vessel/company where Seafarer is presently employed

Vessel: \_\_\_\_\_ Company: \_\_\_\_\_

List, in order of preference, the college, universities, trade, or post-secondary schools to which you have applied or to which you will apply:

1. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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2. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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3. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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4. Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**If you have ever attended the Seafarers Harry Lundeberg School of Seamanship,  
please provide the following information:**

From / To:                      /                      Course of Study: \_\_\_\_\_

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From / To:                      /                      Course of Study: \_\_\_\_\_

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From / To:                      /                      Course of Study: \_\_\_\_\_

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From / To:                      /                      Course of Study: \_\_\_\_\_

---

From / To:                      /                      Course of Study: \_\_\_\_\_

Have you ever been a full-time employee of the Harry Lundeberg School?     Yes     No    If yes,  
give dates of employment and title or position. From \_\_\_\_\_ To \_\_\_\_\_    Job title or position: \_\_\_\_\_

**For office use only:**

Have the seetime requirements been met?     Yes     No

**PLEASE NOTE: This page is to be completed by SEAFARER Applicants only.**

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**Seafarers International Union**  
**Atlantic Gulf, Lakes, and Inland Waters AFL-CIO**

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**Seafarers Health and Benefits Plan  
Scholarship Program  
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