**OVERVIEW**

The late Andrew D. Washington served as Executive Director for AFSCME District Council 20 from 2014-2020. Educated in the DC Public School system, he received a scholarship to and attended Johnson C. Smith University-a HBCU (Historically Black Colleges and Universities) in Charlotte, NC. A true trade unionist, he worked as a tireless advocate, fighting for the rights of working men and women in the District of Columbia and Virginia’s municipalities, the Federal Government, and private sectors. His long-standing union commitment and activism earned him the opportunity to attend Harvard University’s Trade Union Program. Andrew was a well-respected union activist among union and city leaders, officials across the DC Metro Area, and the United States. His passion and dedication to serving all working people as an agent of change in the union movement is a lasting legacy to inspire future leaders for decades to come.

**PURPOSE**

To honor Andrew D. Washington by awarding 2 scholarships of $2**,**500.00 each to high school seniors who are enrolling in an HBCU and are the dependents of a full dues-paying member of AFSCME District Council 20.

**ELIGIBILITY CRITERIA**

To apply you must meet all eligibility requirements identified below. Make sure your completed application, with all supporting documentation (essay, transcripts, letters of recommendation, proof of AFSCME membership, legal guardianship, etc.), is mailed together in one envelope.

**The applicant must:**

* be a dependent of an AFSCME District Council 20 member
* be a high school senior
* be enrolled in a Historically Black College or University (HBCU)
* have a 2.5 GPA, (**official transcript required and needs to be attached to packet**)
* have 25 hours of certified community service within the last year (**attach certification forms**)

**ESSAY REQUIREMENT**

The essay must be typed, in full-justified alignment, double-spaced, and not to exceed 2 pages on the topic **“What Role Do You Believe Unions Should Play in the Community?”**

**SHORT BIO**

In addition to the information required on the application, submit a 300-word or less bio telling us about yourself and your plans for your future. Include how your future plans will impact the community, accomplishments outside of school, hobbies, etc.

**LETTERS OF RECOMMENDATION**

Two (2) lettersof recommendation must be submitted with the application packet. One letter must be from a school official, and the second from a non-relative. The letter of recommendation should be a brief typed statement describing the student’s character and motivation toward success.

**PROOF OF ENROLLMENT**

Applicants must also include proof of enrollment. Instructions are included at the end of the packet.

**DEADLINE**

**Application Packages must be postmarked by Friday, June 27, 2025.** Late/Incomplete packets will not be accepted. Application Packets may be emailed to: **scholarships@districtcouncil20.org** or mailed to:

ATTN: LaShawna Lynch, Scholarship Chair

AFSCME District Council 20

1140 3rd St., NE, Ste. 202

Washington, DC 20002

**SELECTION PROCESS**

The Scholarship Committee will thoroughly review all complete and timely submitted application packets. After packets have been reviewed, a rubric evaluation form will be applied. Every applicant will be notified in writing of the outcome of the selection process by June 30, 2025. The decision of the selection committee is final.

**PUBLICATION ACKNOWLEDGEMENT**

I understand that all essays written as part of the application process become the property of AFSCME District Council 20. AFSCME District Council 20 retains the right to reprint winning essays in the AFSCME WORKS magazine or other union publications and to identify the authors of the winning essays. AFSCME also reserves the right to reprint, describe, or excerpt these essays in other publications or to assign that right to others.

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions, please email us at: [scholarships@districtcouncil20.org](mailto:scholarships@districtcouncil20.org).

(Please print in black or blue ink or type.)

Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List extracurricular activities you participate in at your high school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any offices held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List any academic honors that you have received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List places where community service was performed and what you did to earn hours: \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY PARENT, LEGAL GUARDIAN OR FINANCIALLY RESPONSIBLE GRANDPARENT**

**You MUST attach proof of membership such as a COPY of your**

**AFSCME Membership Card or Paystub**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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AFSCME District Council 20 Local Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Retiree Chapter\_\_\_\_\_\_\_\_\_\_

Check one: Parent \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Financially Responsible Grandparent \_\_\_\_\_

Member Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_