

## **Strike Grant Application Grant Application**

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First Name	
M.I.	
Last Name	
Union	
Local Number	
Mailing Address	
Address 2	
City	
State	
Zip Code	
Home Phone	
Cell Phone	
Email Address	
Date Strike or Lock-out Began	
Date Strike or Lock-out Ended	
Last 4 Digits of Union Plus Credit Card	
Certification:	
I, the undersigned, certify that all of the information I h certify that I have read and understand the information	
Applicant's Signature	Date



## **Strike Grant Application Required Documentation**

Proof o	f your p	ersonal involvement in a union-sanctioned strike or lock-out lasting 30 days or more.
	A signe	ed and dated letter on your local union's letterhead indicating:
	0	Your name and membership status
	0	Start date of action
	0	End date of action (if available)
Check	list	
		ist to complete your application. All materials must be submitted with this application. Your I not be considered if it is incomplete.
	Sign an	ete all sections of the application.  Id date application.  E "Required Documentation" above.
Mailir	ng Inst	ructions
	All doo Only co Please Please	do not send originals. Documents will not be returned to you. cuments should be copied onto 8.5" x 11" paper. No partial pages, please. cpy/print one side of paper. do not use staples or fasteners. remove or "black out" all references to Social Security and credit card numbers.
	Mail to	
	Union	Plus Strike Grant
	1100 F	irst Street, NE, Suite 850
	Washii	ngton, DC 20002

## Questions

Please visit our **Union Plus Grants FAQ**.

Call 1-800-472-2005 ext. 835 (representative available 9 a.m.-4 p.m. ET) or email grants@unionplus.org.