



# **NOTICE**

## **April 2026**

Applications for the:

### ***UAW REGION 9 THOMAS M. FRICANO SCHOLARSHIP FUND***

Are available through your Local Union Office  
or  
UAW Region 9 Website – [region9.uaw.org](http://region9.uaw.org)

The 2026 scholarship consists of \$6,000.00  
payable at \$1,500/year for a maximum of four (4) consecutive years  
(to high school seniors entering college)

**\*\*If applying and you are a college freshman (total \$4,500), sophomore (total \$3,000) or junior (total \$1,500).\*\***

**To be eligible, the applicant must meet the following criteria:**

- A high school graduate
- Current College/University student – undergraduate degree only
- Be a member of or have a spouse, parent, guardian, or grandparent, who is a member of a UAW Local Union in Region 9 (Central and Western New York, New Jersey, and Pennsylvania)
- Be accepted at or currently enrolled in an accredited institution of higher education
- Maintain the equivalent of a “C” average for continuation of the scholarship.

**For further information contact your local union office**

**Deadline for applications is June 30, 2026**



**TO: Applicants for The UAW Region 9  
Thomas M. Fricano Scholarship Fund**

Attached is a Scholarship Application Form (*front & back*) along with an Academic Report Form (*front & back*), which are to be completed and returned to this office, along with an essay of five hundred (500) words or less on the following subject:

***Topic: Data has shown a direct link between the decline in Union membership and the rise of income inequality after the 1970's. How have Labor Unions impacted the American Economy, and how can they continue to have a positive impact on the American Middle Class?***

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payable at \$1,500/year for a maximum of four (4) consecutive years  
(to high school seniors entering college)

**\*\*If applying and you are a college *freshman* (total \$4,500), sophomore (total \$3,000) or junior (total \$1,500).\*\***

**To be eligible, the applicant must meet the following criteria:**

- *A high school graduate*
- *Current College/University student – Undergraduate degree only*
- *Be a member of or have a spouse, parent, guardian, or grandparent, who is a member of a UAW Local Union in Region 9 (Central and Western New York, New Jersey, and Pennsylvania)*
- *Be accepted at or currently enrolled in an accredited institution of higher education*
- *Maintain the equivalent of a "C" average for continuation of the scholarship*

The attached Application Form and Academic Report must be completed and sent along with the 500-word essay (*essays will be judged on both content and grammar*), postmarked no later than **June 30, 2026**, to:

UAW Region 9 - Thomas M. Fricano Scholarship Fund  
c/o Katherine Cromley  
35 George Karl Boulevard  
Amherst, New York 14221

IF YOU REQUIRE FURTHER INFORMATION,  
CONTACT KATHERINE IN THE AMHERST OFFICE AT ☎716-632-1540, EXT. 2010

**Application is available on the UAW Region 9 Website for  
download & copying at:**

**[region9.uaw.org](http://region9.uaw.org)**

kec/opeiu494/afl-cio



**UAW REGION 9**

**UAW Region 9 – THOMAS M. FRICANO SCHOLARSHIP APPLICATION**

*(Please print clearly or type)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

*(Please include area code)*

Check one of the following:     UAW Member             Dependent of Member             Grandchild of Member

If other than member, your relationship to UAW member *(Check one)*

Daughter or Son             Granddaughter/son             Stepdaughter/son             Spouse

\*Name of UAW Member *(if other than applicant)* \_\_\_\_\_

\*UAW Member's Local Union Number \_\_\_\_\_

School from which you have/will have graduated \_\_\_\_\_

Name and address of the school you are attending/planning to attend using these scholarship funds

\_\_\_\_\_

\_\_\_\_\_

Have you applied for admission? \_\_\_\_\_ Date of Acceptance \_\_\_\_\_

Date of Admission \_\_\_\_\_ Classification *(if already in college)* \_\_\_\_\_

Field of Study \_\_\_\_\_ Number of years required to complete \_\_\_\_\_

List any other scholarships received

\_\_\_\_\_

\_\_\_\_\_

List honors, awards, etc. received for scholastic achievement, community service, etc.

\_\_\_\_\_

\_\_\_\_\_

List any jobs you have held since you entered high school and the dates of employment

\_\_\_\_\_

\_\_\_\_\_

List any volunteer work you have done during high school and dates of service

\_\_\_\_\_

\_\_\_\_\_

List of clubs, activities, etc. you participated in during high school and/or hobbies

\_\_\_\_\_

\_\_\_\_\_

**Bonus Question:** Name the 15 Presidents of the International UAW from 1935 to the present

- |          |           |
|----------|-----------|
| 1. _____ | 9. _____  |
| 2. _____ | 10. _____ |
| 3. _____ | 11. _____ |
| 4. _____ | 12. _____ |
| 5. _____ | 13. _____ |
| 6. _____ | 14. _____ |
| 7. _____ | 15. _____ |
| 8. _____ | _____     |

**References** (Not relatives. Include at least one teacher, other than your Counselor):

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**\*NO APPLICATIONS WILL BE ACCEPTED WITHOUT THE LOCAL UNION MEMBER'S NAME AND LOCAL**

Indicate by checkmark that the following are enclosed (incomplete applications will not be accepted)

Application Form       Academic Report       Academic Transcript       500 Word Essay

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_



**Must be postmarked no later than June 30, 2026, to:**

UAW Region 9 – Thomas M. Fricano Scholarship Fund  
c/o Katherine Cromley  
35 George Karl Boulevard  
Amherst, New York 14221

*(Applicant must maintain the equivalent of a "C" average for continuation of the scholarship)*

kec/opeiu494/afl-cio

**ACADEMIC REPORT**



**UAW Region 9 - Thomas M. Fricano Scholarship Fund  
Region 9 United Auto Workers**

*To be completed by the Principal, or someone designated by the Principal, i.e., a Teacher or Counselor (\*see below)*

*(COLLEGE Students: Please have the high school or college representative complete all information that applies)*

*(Please print clearly or type)*

Name of Scholarship Applicant \_\_\_\_\_

Name and Address of School \_\_\_\_\_

Name of person rating the Applicant \_\_\_\_\_

Position \_\_\_\_\_ Phone number \_\_\_\_\_  
(Principal, Counselor or Teacher and Subject/College Counselor or Teacher)

\*\*\*\*\*

Applicant's Cass Ranking \_\_\_\_\_ (number) in Class of \_\_\_\_\_ (number) *(if applicable)*

Briefly indicate the academic and/or character strengths of the applicant

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

If applicable, indicate special needs of Applicant (scholastic or otherwise)

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

Examples of special qualities (e.g., leadership among peers, etc.)

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(Optional) Comments/special circumstances which may be of assistance to scholarship committee in evaluation of the candidate's application

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The information noted on this report was obtained from (check all appropriate boxes)

Personal knowledge

Files and records

Faculty comments

Other - Specify \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*\*Instructions to Principal, Teacher, or Counselor, etc. completing this report*

- 1. Please return the completed report to the student as soon as possible. This report must be attached to the student's Scholarship Application and be postmarked to Region 9 UAW at 35 George Karl Boulevard, Amherst, NY 14221, no later than **June 30, 2026**.*
- 2. Please attach a copy of the student's academic transcript. (high school or college – whichever applies)*
- 3. If you have any questions regarding the completion of this report, please call Katherine in the UAW Region 9 Office at ☎716-632-1540 ext. 2010.*