The Joseph Jacobs Labor Scholarship Fund was established in 1983 to honor Joseph Jacobs, a long-time labor attorney who represented unions in Georgia, by the Organized Labor and Workmen’s Circle Awards Committee and the North Georgia Building and Construction Trades Council.

One (or more) scholarship(s) of at least $1,000 is awarded annually. Funds will be delivered directly to the student’s Georgia State University account in two parts: half in the fall semester and half in the spring.

To be considered for the scholarship:
The applicant must be admitted to or enrolled in Georgia State University and be a student in good standing. Additionally, the applicant must also be a member of a Georgia AFL-CIO affiliate labor organization or the spouse, child, or grandchild of a member. The scholarship is open to both undergraduate and graduate students.

To apply, submit a completed application (see next page) along with:
1. An essay titled “The Significance of the Labor Movement in My Life”
   • The essay should be between 400 and 500 words in length and double-spaced
2. A copy of a GSU transcript (if currently enrolled at Georgia State University)
   -OR-
   An acceptance letter or proof of enrollment (if not currently enrolled at Georgia State University)

All parts of the application should be submitted as a single .pdf document by May 15, 2017 to tdrummond@gsu.edu.

For more information, please contact the Archivist, Southern Labor Archives, at 404.413.2880 or tdrummond@gsu.edu, subject: Joseph Jacobs Scholarship.
2017 Joseph Jacobs Scholarship

APPLICATION

Name _____________________________________________________________

Address __________________________________ City __________________ State _____ Zip ______

Preferred Contact Number ______________________________ Email ______________________________

Year ______ GPA ______ School currently attending (if not GSU) ________________________________

Union Affiliation: __________________________________________________________

Name of Union: ____________________________________________________________

Location of Union: _________________________________________________________

Union Member: ___ Myself ___ Spouse ___ Parent ___ Grandparent

__________________________________________
Signature

____________________
Date