

CHRIS WAGONER MEMORIAL LEADERSHIP GRANT APPLICATION

Local: _____ President: _____

Email: _____ Phone: _____

Total Local Membership: _____ Total Active Membership: _____

Please describe in the space provided why your Local needs this grant and how it will benefit your Local and our Union:

Please describe in the space provided how receiving this grant will promote Chris Wagoner’s vision of a more inclusive labor movement:

Please attach a copy of the Local’s strategic plan if available or provide any other information which demonstrated the Local’s commitment to or plan for expanding mentorship, training, inclusion, and engagement for members: