



TEAMSTERS LOCAL 856/986 - UAL SFO SCHOLARSHIP FUND WILL AWARD SCHOLARSHIPS TO...

Deserving High School Seniors Graduating this Year,

Who Are

- A Daughter or Son of an Active Teamster whose dues are current with Locals 856 and 986;
- A 3.0 or higher GPA may apply for this scholarship;

and

- Student must have been accepted by an accredited University, College Vocational or Trade School.

Applicants must promptly provide:

1. Proof of Acceptance to the selected university, college, vocational or trade school.
2. Copy of high school transcript including grade point average.
3. A wallet size photo.
4. Attach a legible listing in outline form of all your activities, work experience, honors, distinctions and achievements. Please ensure that this listing is no longer than one page and that it is stapled to the back of this application;
5. In your own handwriting, your own view on how you can be an asset to the Community and Teamsters Union if granted this scholarship. Please submit one full page.

UPON COMPLETION PLEASE FORWARD YOUR APPLICATION TO:

**TEAMSTERS LOCAL 956/986 - UAL SFO SCHOLARSHIP COMMITTEE
1430 E. HOLT AVE
COVINA, CA 91724**

For further information please contact Local 856/986 UAL SFO
Scholarship Fund at info@teamsters986.org.

**APPLICATION DEADLINE
APRIL 30th, OF EACH CALENDAR YEAR**

Applications received after April 30th may not be considered.



TEAMSTERS LOCAL 856/986 UAL SFO SCHOLARSHIP FUND

APPLICATION FOR SCHOLARSHIP

Please complete the following sections as they apply:

1. Name of Applicant: _____
Last First Middle Initial

2. Address: _____
Street State Zip Code

3. Phone Number: () _____
Area Code

4. Sex: M _____ F _____ Date of Birth: _____

5. High School: _____

6. Expected Date of High School Graduation: _____

7. Early Admission Student: _____ Yes _____ No

8. Full Names of the Accredited Colleges To Which You Have Applied Or Plan To Attend.

a) First Choice: _____
Name City and State

b) Second Choice: _____
Name City and State

9. Full Name of Teamster Parent: _____

Teamster Parent's Employer Name and Address: _____

10. Teamsters Parent's Social Security Number: _____

11. *In submitting this information, I certify that the information is accurate and complete to the best of my knowledge.*

Applicant Signature Date Teamster Parent Signature

UPON COMPLETION PLEASE FORWARD TO:
TEAMSTERS LOCAL 856/986 UAL SFO SCHOLARSHIP COMMITTEE
430 E. HOLT AVE., COVINA, CA 91724

1. Membership Verification: I hereby certify that the above named Teamsters member has been a member in good standing of this Local Union and has not been suspended from membership for a minimum of 12 consecutive months without taking a withdrawal card prior to the application deadline.

2. I verify, on the basis of the Teamsters parent's membership record, that his/her son or daughter would be eligible to apply for this program.

3. SIGNATURE OF SECRETARY-TREASURER

SCHOLARSHIP COMMITTEE

Date: _____

Date: _____