



# **TEAMSTERS LOCAL 986 SCHOLARSHIP FUND WILL AWARD SCHOLARSHIPS TO...**

## **Deserving High School Seniors Graduating this Year,**

Who Have

- A 3.0 or higher GPA may apply for this scholarship;
- One parent must be an active member in good standing with Local 986;

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. Please include 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.
5. Please include a one full page typed letter on how you can be an asset to the Community and Teamsters Union if granted this scholarship.

**UPON COMPLETION PLEASE FORWARD YOUR APPLICATION TO:**

**TEAMSTERS LOCAL 986 SCHOLARSHIP COMMITTEE  
1430 E. HOLT AVE  
COVINA, CA 91724**

For further information please contact Local 986 Scholarship Fund at [info@teamsters986.org](mailto:info@teamsters986.org).

**APPLICATION DEADLINE  
MARCH 31st, OF EACH CALENDAR YEAR**

Applications received after March 31st may not be considered.



# TEAMSTERS LOCAL 986 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 986 SCHOLARSHIP COMMITTEE • 1430 E. HOLT AVE. COVINA, CA 91724

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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: \_\_\_\_\_