



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.

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

Applications received after April 30th 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

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: _____