

Teamsters Joint Council 25 Women's Committee 2021 Scholarship Application

Last Name _____

First Name (Do not use nickname) _____

Street Address _____

City and State _____

Zip Code _____ Phone Number _____

Email _____

Last 4 digits of Social Security Number _____ Date of Birth _____

University, College or Technical/Vocational school you are/will be attending:

Full Name _____

City and State _____

Type of School 4-Year 2-Year Technical/Vocational Graduate

Local Union Number _____

Applicant's Signature _____

Date _____

MEMBERSHIP VERIFICATION

I hereby certify that the above-named applicant is currently a member in good standing

Signature of Principal Officer of Local Union

Date

Signature of Women's Committee Secretary-Treasurer

Date