



**TEAMSTERS LOCAL 1150
SCHOLARSHIP FUND
2010 SCHOLARSHIP APPLICATION**



APPLICANT INFORMATION

Last Name _____ First _____ MI _____

Street _____

City _____ State _____ Zip _____

Telephone (_____) _____ E-Mail _____

Date Of Birth _____

High School _____

Expected Date of Graduation _____ 2010

Full Name of Teamsters Parent _____

Teamster Parent Badge Number _____

FULL NAMES OF ACCREDITED COLLEGES OR TECHNICAL SCHOOLS TO WHICH YOU HAVE APPLIED OR PLAN TO ATTEND

First Choice _____

Second Choice _____

Major Course Of Study _____

Degree Or Certificate Sought _____



TEAMSTERS LOCAL 1150

GOALS AND ASPIRATIONS

Make a brief summary of your plans as they relate to your educational objectives.

Please provide any additional information that you believe would be helpful to the Core Scholarship Committee in assessing your personal or financial need.

Please attach an outline of your activities, work experiences, honors, distinctions, achievements and one letter of appraisal from a present teacher, guidance counselor or employer. Incomplete applications will not be considered.

CERTIFICATION

In submitting this information, I certify that the information is accurate and complete to the best of my knowledge. Falsification of information may result in termination of any scholarship granted. This application becomes the property of Teamsters Local 1150 and I acknowledge all decisions of the Teamsters Local 1150 Core Scholarship Committee are final.

Applicant's Signature

Date

Teamster Parent's Signature

Date



TEAMSTERS LOCAL 1150

TRANSCRIPT INFORMATION

An official transcript of grades **must** be sent with this application. **On-line transcripts and grade reports are not acceptable.**

The appropriate school official must complete the following section:

Applicant's Name _____

- Applicant ranks _____ in a class of _____.

If Applicable:

- SAT1 (Total Score): _____
- ACT (Total Score): _____

School's Official Signature _____ Date _____

Title _____ Telephone (_____) _____

School's Official Address _____

City _____ State _____ Zip _____



TEAMSTERS LOCAL 1150

This section is to be completed by Teamsters Local 1150.

SECRETARY-TREASURER'S MEMBERSHIP VERIFICATION

Teamster Parent _____ Badge # _____

I hereby certify that the above-named Teamster member has not been an officer or employee of Teamsters Local 1150 and has been a member in good standing (check the appropriate box below):

- a. _____ for a minimum of 12 consecutive months prior to the application deadline.
- b. _____ for a minimum of 12 consecutive months prior to her/her (circle one) retirement/ disability/death.
- c. _____ for a minimum of 12 consecutive months prior to his/her layoff date of _____.
- d. _____ for less than 12 consecutive months prior to the application dead line of _____ but has had 12 consecutive months of membership in good standing at some other time.

I verify, on the basis of the Teamster parent's membership record, that his/her son or daughter would be eligible to apply for this program: _____ yes _____ no.

Signature of Secretary-Treasurer

After April 30, 2010 the Scholarship Fund will not process applications.

Upon completion, please forward this application to:

**TEAMSTERS LOCAL 1150 SCHOLARSHIP FUND
 ATTN: DEBRA A. JOHNSON
 150 GARFIELD AVENUE
 STRATFORD, CT. 06615-7101**



TEAMSTERS LOCAL 1150

CHECKLIST

Please use this checklist as a tool to ensure you submit a complete application.
Remember, incomplete applications will not be considered.

Application_____

Transcript_____

Activities List_____

Recommendation Letter_____



Teamsters Local 1150 is affiliated with the International Brotherhood of Teamsters