

# Teamsters Joint Council 25 Women's Committee 2020 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