

Teamsters Joint Council 25 WOMEN'S COMMITTEE 2024 SCHOLARSHIP APPLICATION



***Application
Deadline,
March 1, 2024**

LASTNAME: _____

FIRSTNAME: _____

STREET ADDRESS _____

CITY& STATE: _____

ZIPCODE: _____ PHONENUMBER: _____

EMAIL: _____

DATEOFBIRTH: _____

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

FULL NAME: _____

CITY/STATE: _____

TYPEOFSCHOOL: [] 4-Year [] 2-Year [] Technical/Vocational [] Graduate
(Check correct box)

LOCALUNIONNUMBER: _____

DATE: _____

Applicant's Signature

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's Secretary

Date:

