TEAMSTERS JOINT COUNCIL 25 WOMEN'S COMMITEE

2025 SCHOLARSHIP APPLICATION

LAST NAME:				OMEN'S	*Application Deadline, March 7, 2025	
CITY & STATE:						
ZIP CODE:	PHONE I	NUMBER:			<u> </u>	
EMAIL:						
LAST 4 DIGITS OF SOCIAL SECU	RITY NUMBER: .					
**University. College or Tec	hnical/Vocatio	nal school you	are/will be at	ttending:		
FULLNAME:						
CITY &STATE:						
TYPE OF SCHOOL: (Check correct box)	[] 4-Year	[] 2-Year	[] Technic	cal/Vocational	[] Graduate	
LOCAL UNION NUMBER:						
				DATE:		
Applicant's Signature						
MEME	BERSHIP VE	RIFICATION				
I hereby certify that the above	-named applican	t is currently a m	ember In good	standing:	SERS JOINT COLD	
Signature of Principal Office	er of Local		Date:		E S	
Signature of Women's Com	 mittee Secretary		Date:		MEN'S COMMITTEE	