

TEAMSTERS JOINT COUNCIL 25 WOMEN'S COMMITTEE

2026 SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Last Name: _____ First Name: _____

Street Address: _____

City, State, ZIP: _____ Phone: _____

Email Address: _____

Local Union Number: _____

EDUCATIONAL INSTITUTION INFORMATION

Name of College / University / Technical or Vocational School:

City & State: _____

Type of School (check one):

☐ 4-Year College / University ☐ 2-Year / Community College

☐ Technical / Vocational Program ☐ Graduate / Professional Program

REQUIRED ESSAY (500 WORDS MAXIMUM)

Please attach a typed essay addressing the scholarship essay topic outlined in the scholarship flyer.

APPLICANT CERTIFICATION

I certify that the information provided is accurate and complete.

Applicant Signature: _____ Date: _____

MEMBERSHIP VERIFICATION

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

Signature of Principal Officer of Local Union: _____ Date: _____

Signature of Women's Committee Secretary-Treasurer: _____ Date: _____

Application Deadline: April 3, 2026
For more information visit: www.TeamstersWomen.com
Tracy Reed, President • April Olechny, Recording Secretary

