

LOCAL 294 TEAMSTERS CARE SCHOLARSHIP
2019 APPLICATION

Please print or type all information. All applications and accompanying information must be sent to the following address: "Local 294 Teamsters Care Scholarship" c/o Teamsters Local 294, 890 Third Street, Albany, NY 12206

The deadline for all applications is May 10, 2019.

NAME/STUDENT _____			
(Last)	(First)	(Middle Initial)	
HOME ADDRESS _____			
CITY _____	STATE _____	ZIP CODE _____	
PHONE # _____	EMAIL _____		

HIGH SCHOOL _____
DATE OF GRADUATION _____
HIGH SCHOOL GUIDANCE COUNSELOR _____
COLLEGES APPLIED TO _____

TEAMSTER PARENT _____
TEAMSTER PARENT LAST FOUR DIGITS SS# _____
TEAMSTER PARENT PHONE # _____
TEAMSTER PARENT EMPLOYER NAME & ADDRESS _____

Applications **MUST** include the following:

1. A letter of recommendation from the applicant's guidance counselor.
2. A current copy of the applicant's high school transcript with GPA.
3. Results of either the ACT or SAT, preferably both.
4. Proof of acceptance at an accredited institution of higher learning.
5. A **separate** listing of the applicant's academic achievements, extra-curricular activities, involvement with community affairs, employment.
6. Additional information may be provided by a parent/guardian in the form of a letter.

APPLICANT'S SIGNATURE _____

PARENT'S SIGNATURE _____