

LOCAL 294 TEAMSTERS CARE SCHOLARSHIP

2020 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 or emailed to jmeola@teamsterslocal294.org

The deadline for all applications is May 8, 2020.

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 _____