



Teamsters Local 25 Memorial Scholarship Award

"Dedicated to All Deceased Members"



544 MAIN STREET • BOSTON, MASSACHUSETTS 02129-1113 • (617) 241-8825

THOMAS G. MARI
PRESIDENT
PRINCIPAL OFFICER



STEVEN J. SOUTH
SECRETARY TREASURER

RETIREE

CHAPTER

OFFICIAL SCHOLARSHIP APPLICATION

(Please Print in Ink or Use Typewriter)

I. APPLICANT:

Name _____
(Last) (First) (Middle Initial)

Address _____
(Street) (City and State) (Zip Code)

Email _____

Birth Date _____ Last 4 SS# _____ Sex M ☐ F ☐

Cell Phone No. _____ Relationship to Member _____

II. FULL NAME OF LOCAL 25 TEAMSTER PARENT:

_____ Working ☐ Retired ☐ Deceased ☐

Address _____
(Street) (City and State) (Zip Code)

Email _____ Cell Phone No. _____

Place of Employment _____

Occupation _____ Last 4 SS# of Member _____

III. SCHOOL RECORD:

High School _____ Date of Graduation _____

Address _____ (Month) (Year)

High School Extra Curricular Activities:

THE DEADLINE FOR RETURNING COMPLETED APPLICATIONS IS May 8, 2024

Accompanying the Application Form, the applicant must present his or her COLLEGE ENTRANCE EXAMINATION BOARD TEST RESULTS AND HIGH SCHOOL TRANSCRIPT.

Failure to do so will result in disqualification.



(over)

IV. APPLICATION FOR COLLEGE:

1. Please list colleges to which you have applied: (Your 1st choice, 2nd choice, 3rd choice)

1st _____ Accepted _____

2nd _____ Accepted _____

3rd _____ Accepted _____

2. Please attach transcript of college board scores if required for college admissions.

3. Have you applied for other scholarships? _____ Please list them:

SUMMER EMPLOYMENT: PART-TIME AND/OR FULL TIME

(Please account for the past 3 years)

Company

Dates of Employment

Duties

EXTRA CURRICULAR, COMMUNITY, CHURCH OR WORK ACTIVITIES:

ESSAY QUESTION:

Attach a brief statement relating your aims and purposes and interests on separate sheet of paper — (250 - 300 words). College Essay is Acceptable

CERTIFICATION:

I hereby affirm that all of the statements made herein are true in every respect to the best of my knowledge.

Date

(Signature of Applicant)

(Signature of Member)

PLEASE RETURN APPLICATION TO:

TEAMSTERS LOCAL 25

ATTN: SCHOLARSHIP APPLICATION

544 MAIN STREET

BOSTON, MASSACHUSETTS 02129-1113