

LOCAL 294 TEAMSTERS CARE SCHOLARSHIP
2021 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 7, 2021.

| | | | |
|---------------------------|--------------------|-----------------------|--|
| 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, if taken.
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 _____