

“TRICIA ANN HUNTER MEMORIAL SCHOLARSHIP FUND”

APPLICATION

Please print or type all information

DATE _____

NAME/STUDENT _____ SEX _____
(Last) (First) (Middle Initial)

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ AGE _____

HIGH SCHOOL _____

DATE OF GRADUATION _____

HIGH SCHOOL GUIDANCE COUNSELOR _____

COLLEGE APPLIED TO _____

SECOND CHOICE _____

TEAMSTER PARENT _____

TEAMSTER PARENT SOCIAL SECURITY# _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMPLOYER _____

APPLICANT'S SIGNATURE _____

PARENT'S SIGNATURE _____