



# TEAMSTERS LOCAL UNION NO. 77 Scholarship Fund



## SCHOLARSHIP FUND APPLICATION

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The Teamsters Local Union Scholarship Fund awards scholarships to outstanding high school seniors. Due to the great number of applicants and because the program is extremely competitive, all applicants must comply with the following eligibility and application criteria. Each applicant must:

1. Be the son, daughter of an active, retired, disabled, deceased or laid-off Teamster member who has or had at least twelve months of consecutive membership in good standing in the Teamster Union.
2. Be in his/her last year of high school and may not apply if he/she has already graduated from high school.
3. Be in the top 15% of his/her high school class.
4. Plan submit excellent SAT or ACT scores for evaluation.
5. Plan to attend an accredited college or university.
6. Plan to attend an accredited training or vocational non-baccalaureate program at the community college, or other training institution, within the United States, Puerto Rico or Canada.

### APPLICATION PROCEDURE

1. Applicant and Teamster Parent completes questions 1 – 18.
2. Applicant's guidance counselor (or equivalent high school official) completes section marked "Academic Record."
3. Forward the completed application and Academic Record to Teamsters Local Union No. 77 for the Secretary-Treasurer to complete section marked "Membership Verification."

**Applications without activities list received by the Scholarship Fund  
after May 27, 2024 will not be processed.**

**Teamsters Local Union No. 77** REV 4-24



PLEASE COMPLETE THE FOLLOWING

1. Name of Applicant:

\_\_\_\_\_  
First Middle Initial Last

2. Address and Phone Number of Applicant:

Street \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
Area code

3. Social Security Number:

□ □ □ □ □ □ □ □ □ □ □ □

4. Sex  M  F Date of Birth \_\_\_\_\_  
Month Day Year

5. Disabled  Yes  No If yes, check one:  blind  deaf  other

6. High School \_\_\_\_\_  
Name and Address

7. Expected Date of High School Graduation \_\_\_\_\_  
Month Day Year

8. Early Admission Student:  Yes  No

9. Full names of accredited colleges to which you have applied or plan to attend:

First Choice \_\_\_\_\_  
Name City and State

Second Choice \_\_\_\_\_  
Name City and State

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17. Calculate the net amount you will need by subtracting your Funding (from financial aid and any other sources listed above) From your total amount needed. **NET AMOUNT NEEDED** \$ \_\_\_\_\_

18. Please provide any additional information that you believe would be helpful to the Scholarship Committee in assessing your personal or financial needs.

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In submitting this information, I certify that the information is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature                      Date

\_\_\_\_\_  
Teamster Parent's Signature                      Date



## SECRETARY-TREASURER'S MEMBERSHIP VERIFICATION

1. I hereby certify that the above-names Teamster member has not been an officer or employee of this Local Union and has been a member in good standing (check the appropriate letter below):
  - a. \_\_\_\_\_ for a minimum of 12 consecutive months prior to the application deadline.
  - b. \_\_\_\_\_ for a minimum of 12 consecutive months prior to his/her (circle one); retirement/disability/death.
  - c. \_\_\_\_\_ for a minimum of 12 consecutive months prior to his/her layoff.  
Date of layoff: \_\_\_\_\_
  - d. \_\_\_\_\_ for less than 12 consecutive months prior to the application deadline, but has had 12 consecutive months of membership in good standing at some other time.
  - e. \_\_\_\_\_ since \_\_\_\_\_ after his/her transfer from Local Union \_\_\_\_\_. I have checked into his previous membership record with Local Union (s) and his/her total consecutive months of membership in good standing add up to 12 months.  
Check One:     Yes     No
2. I verify on the basis of the Teamster parent's membership record, that his/her son or daughter would be eligible to apply for this program.  
Check One:     Yes     No

### 3. Signature of Secretary-Treasurer

Upon completion please forward this application to:

**TEAMSTERS LOCAL UNION NO. 77 SCHOLARSHIP FUND  
540 PENNSYLVANIA AVENUE, SUITE 315  
FORT WASHINGTON, PA 19034**

The Scholarship fund was established as a non-profit, stand alone, charitable incorporated organization (identification #37-1457812), which will raise money from affiliates and outside sources to award Teamster dependents scholarships.

Scholarship recipients are selected on the basis of scholastic achievement, aptitude, personal qualifications and financial need. We consider all applicants without regard to race, religion, gender, disability, or any other legally protected status. Due to the number of applicants to this program and because the program is extremely competitive, only those students who exemplify academic excellence should apply.

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# TEAMSTERS LOCAL UNION NO. 77 Scholarship Fund



## SCHOLARSHIP FUND APPLICATION

### ACADEMIC RECORD SCHOLARSHIP FUND PROGRAM

Must be completed by the applicant's high school official

U.S. Social Security # \_\_\_\_\_

Please print or type:

Applicant's Name \_\_\_\_\_  
Last First Middle Initial

#### I. HIGH SCHOOL INFORMATION

Name of Secondary School \_\_\_\_\_

Address \_\_\_\_\_

#### II. CLASS RANK

Please indicate the student's exact or approximate rank in class, preferably at the end of the junior year. If exact available, please estimate this figure as omission of this information imposes additional test requirements on applicants.

Student ranks exactly/approximately \_\_\_\_\_ in a class of \_\_\_\_\_ student at the end of \_\_\_\_\_.

Student ranks in the top \_\_\_\_\_% of a class of \_\_\_\_\_ students at the end.

#### III. GRADE POINT AVERAGE

Please indicate the student's grade average in the spaces below.

Student has cumulative GPA of \_\_\_\_\_ at the end of \_\_\_\_\_.

#### IV. HIGH SCHOOL TRANSCRIPT

Please attach an official transcript bearing the school's seal or principal's signature to the third page of this form. Please note that the transcript is to include all high school grades through junior year. Please ensure that the transcript is attached securely.

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**Social Security Number:**

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**TEST SCORES**

**A. SAT SCORES** (Additional space provided and optional)

Verbal \_\_\_\_\_ Math \_\_\_\_\_ Test Date \_\_\_\_\_

Verbal \_\_\_\_\_ Math \_\_\_\_\_ Test Date \_\_\_\_\_

Verbal \_\_\_\_\_ Math \_\_\_\_\_ Test Date \_\_\_\_\_

**B. ACT scores**

English \_\_\_\_\_ Math \_\_\_\_\_ Reading \_\_\_\_\_ Science \_\_\_\_\_ Test Date \_\_\_\_\_

English \_\_\_\_\_ Math \_\_\_\_\_ Reading \_\_\_\_\_ Science \_\_\_\_\_ Test Date \_\_\_\_\_

**C. ATP ACHIEVEMENT TEST SCORES**

(REQUIRED ONLY IF CLASS RANK IS NOT AVAILABLE)

\_\_\_\_\_ English          \_\_\_\_\_ Math Level I or II          \_\_\_\_\_ American History  
Biology  
Chemistry  
European History  
Physics

**D. HIGH SCHOOL CHECKLIST** (Check One):

- I have enclosed an official copy of the student's test scores and verify that the above information is correct.
- The applicant has requested that the testing agency forward a copy of his/her test scores.

**E. NAME AND TITLE OF HIGH SCHOOL** \_\_\_\_\_

**SIGNATURE OF OFFICIAL** \_\_\_\_\_

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**V. SAT, ACT AND ATP ACHIEVEMENT SCORES** (Please refer to page 4 of this form)

This applicant is required to submit either SAT or ACT scores. In deciding which test to take, the applicant should consult the school he or she plans to attend. An official copy of the student's test scores may be attached to this form or the applicant may have the testing agency forward a copy of test results. ATP test scores are required only if the student's class rank is not available.

**Please return this form to the student so that the entire application may be forwarded to Teamsters Local Union No. 77**

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**(Please attach transcript and/or test scores)**

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