

TEAMSTERS



SCHOLARSHIP FUND



OBJECTIVE

The Teamsters Local 79 Scholarship fund has been established by Teamsters Local 79 for the betterment of our communities. We as an organization believe that higher education is essential not only to the individual but also to the welfare and future of our country -- that it leads to better leadership, higher ideals, a fuller life and a deeper appreciation of social responsibility. Today's young adults will become better educated to be tomorrow's leaders.

ELIGIBILITY

Scholarships will be awarded to students who are the dependents of active, retired, deceased or laid off members of Teamsters Local 79, and to students of the community at large.

Applicants must be high school graduating seniors or students who plan to enroll in an undergraduate course of study at an accredited two (2) or four (4) year college or university or any academic study.

- a. Carry a 3.0 grade point average:
- b. Acceptance to a college, university or institute:
- c. Be ranked in the top 15% of their high school class:
- d. Submit SAT or ACT scores:
- e. Be able to demonstrate financial need.

AWARDS

Scholarships will be granted to applicants who will be enrolled in a recognized college or university or any accredited institute of academic study.

APPLICATION PROCEDURES

Applications must be completed and returned to the Local Union prior to May 31 of each calendar year. Applications not received by the above date will not be processed. Applicants are responsible for gathering and submitting all necessary information. Applications are evaluated exclusively on the information supplied: therefore, it is important to answer all questions as completely as possible. All information received is considered confidential and becomes the property of the Teamsters Education Selection Committee.

SELECTION OF RECIPIENTS

Scholarship recipients will be selected solely by Teamsters Education Selection Committee, an independent review board. Each application will be selected using a system which academic performance is weighed the same as nonacademic activities and financial need. Recipients are selected without regards to race, color, creed, religion, sex, disability or national origin. Family members of Local 79's Executive Board, or staff members are not eligible to receive scholarship funds. The selection of successful applicants, the monetary amount of awards, and the number of recipients, are within the sole discretion of the committee.

PAYMENT OF SCHOLARSHIPS

The Local Union 79 Executive Board will notify the recipient(s) by mail at their application address.

Scholarship Funds will be payable jointly to the student and the school, and must be endorsed by both.

OBLIGATION

Recipients have no obligation to the Teamsters Local 79 or to the Teamsters Local 79 College Scholarship Fund. They are merely required to supply the fund with all pertinent information in support of their application.

REVISIONS

Teamsters Local 79 College Scholarship Fund reserves the right to review the conditions and procedures of the program and to make changes at anytime, including termination of the program.

Teamsters

“Helping to Educate Our Young Adults”

ADDITIONAL INFORMATION

Questions regarding the scholarship program should be addressed to:

**TEAMSTERS LOCAL 79 COLLEGE SCHOLARSHIP FUND
5818 EAST MARTIN LUTHER KING JR. BOULEVARD
TAMPA, FLORIDA 33619
(813) 621-1391**

TEAMSTERS LOCAL 79 COLLEGE SCHOLARSHIP FUND

**TYPE OR PRINT ALL INFORMATION
EXCEPT FOR SIGNATURES**

If space provided in any section proves inadequate, information may be continued on additional sheets of paper and attached to the application.
Application postmark deadline May 31st

APPLICANT DATA

NAME Last _____ First _____ Middle Initial _____

PERMANENT HOME ADDRESS

Number _____ Street _____ Apartment # _____

City _____ State _____ Zip Code _____

DATE OF BIRTH Month _____ Day _____ Year _____ Phone (_____) _____

Social Security Number _____

APPLICANTS PARENT OR GUARDIAN INFORMATION

NAME Last _____ First _____ Middle Initial _____

Employer _____ City _____ State _____

Classification/Job Title _____

Work Phone (_____) _____ Social Security Number _____

Relationship to Applicant _____

Applicant is a dependent of Teamster 79 Yes No

HIGH SCHOOL DATA

SCHOOL NAME _____ Graduation Date: Month _____ Year _____

PRINCIPAL _____ Telephone (_____) _____

ADDRESS Street _____ City _____ State _____ Zip _____

SCHOOL DATA

Name of school you plan to attend. (If unknown, please list in order of preference the schools to which applications for admission have been sent.)

_____ City _____ State _____

_____ City _____ State _____

4 yr. College or University 2 yr. Community or Junior College Other, explain _____

Major course of study _____ Anticipated date of graduation _____ Month _____ Year _____

Student will live on campus live off campus commute from home

WORK EXPERIENCE

Describe your work experience during the **past four years**. Indicate dates of employment in each job and approximate number of hours worked each week. List amounts earned at each job.

Company/Position	DATES		Hours Per Week	Amount Earned
	From-Mo/Yr	To-Mo/Yr		

ACTIVITIES AWARDS AND HONORS

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g. Boy/Girl Scouts, hospital volunteer, Special Olympics). Indicate all special awards, honors and offices held.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

GOALS AND ASPERATIONS

Make a statement of your plans as they relate to your educational and career objectives and future goals.

APPLICANT APPRAISAL (REQUIRED)

To be completed by a high school counselor or advisor, an instructor, or a supervisor who knows you well. You have been asked to provide information in support of this scholarship application. Please give immediate and serious attention to the following statements. When complete, please return to applicant; or, photocopy this section and return to applicant in a sealed envelope.

The applicant's choice of an education program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: _____

Appraiser's Name _____ Title _____ Telephone Number (____) _____
 Signature _____ Date _____
 Appraiser's Business Address Street _____ City _____ State _____ Zip _____

TRANSCRIPT INFORMATION

1. Students must include all transcripts of grades.
 Applicant ranks _____ in a class of _____ Cumulative grade point average _____ /4.0 scale
 PSAT Verbal _____ Math _____ SAT Verbal _____ Math _____ ACT English _____ Math _____
 School Official's Signature _____ Date _____ Title _____ Telephone Number (____) _____
 School Official's Address Street _____ City _____ State _____ Zip _____

FINANCIAL DATA (REQUIRED)

State of Residence: _____ Total Income of Father: \$ _____
 Adjusted gross income: \$ _____ Total Income of Mother: \$ _____
 Total U.S. Income Tax Paid: \$ _____
 Marital status of parent or guardian: Married Divorced Separated Widowed Single
 Total number of family members attending college at least half-time during the next school year, including applicant _____

OTHER AWARDS

Please list below the name and the amount of any grants or scholarships you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending
_____	_____	_____	_____
_____	_____	_____	_____

APPLICATION CHECKLIST

This application for a scholarship becomes complete and valid only when you have returned all the following materials:
 • Student application
 • Current Transcript(s) of Grades to _____
 Plus - 500 word essay on the "History of the Teamsters" or "Organized Labor"
 Teamsters Local Union No. 79
 5818 E. M.L. King Jr. Blvd.
 Tampa, Florida 33619
 The student is responsible for submitting all materials to TESC on time.
 Postmark Deadline May 31st

CERTIFICATION

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form, including a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any scholarship granted. This application becomes the property of TESC.

Applicant's Signature _____ Date _____