

# TEAMSTERS 495

2016

ANNUAL

SCHOLARSHIP FUND

## 16<sup>th</sup> ANNUAL SCHOLARSHIP FUND

**Members of Local 495 with High School Senior Students may apply for our \$2,500 Scholarship Fund.**



### Eligibility Criteria

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- Be the son, daughter or grandchild 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 Teamsters Union.
- Be in his/her last year of high school and **may not** apply if he/she has already graduated from high school.
- Plan to submit SAT or ACT scores for evaluation.
- Plan to attend an accredited college or university

**Contact Local 495 to request an application**

**The deadline is May 31, 2016**

# **TEAMSTERS LOCAL 495**

**16<sup>TH</sup> ANNUAL SCHOLARSHIP FUND**

## **APPLICATION**

**for 2015 - 2016**

**Academic Year**



**Application Deadline: May 31, 2016**

**LOCAL 495 ANNUAL SCHOLARSHIP FUND**  
**Application Deadline**  
**May 31, 2016**

The Local 495 Fund awards up to 10 scholarships annually to outstanding high school seniors. All applicants must comply with the following eligibility and application criteria. Each applicant must:

1. be the son, daughter or grandchild 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 Teamsters Union. Laid-off members must be eligible for recall per the member's labor agreement at time of filing.
2. be in his/her last year of high school and **may not** apply if he/she has already graduated from high school.
3. plan to submit SAT or ACT scores for evaluation.
4. plan to attend an accredited college or university.

**APPLICATION PROCEDURE**

1. Applicant complete questions 1-12 (on page 6) and Teamster parent complete questions 13 & 14 (on page 6).
2. Applicant's guidance counselor (or equivalent high school official) completes the section marked "Academic Record."
3. Forward the completed application, individual photo (no larger than 2½"x3½"), and Academic Record to:

**TEAMSTERS LOCAL UNION NO. 495**  
**SCHOLARSHIP PROGRAM**  
225 N. Barranca Street, 4<sup>th</sup> Floor  
West Covina, CA 91791  
Telephone: (626) 915-4954 FAX: (626) 915-5495

**LOCAL 495 ANNUAL SCHOLARSHIP FUND**  
**ACADEMIC RECORD**

Must be completed by the applicant's high school official and received by the due date: **May 31, 2016**

U.S. Social Security Number \_\_\_\_\_  
*Please print or type:*

**1. HIGH SCHOOL INFORMATION**

Name of School \_\_\_\_\_  
Address \_\_\_\_\_

**2. CLASS RANK**

Please indicate the student's exact or approximate rank in class, preferably at the end of the junior year. If exact rank is not available, please estimate this figure as omission of this information imposes additional test requirements on applicants.

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

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

**3. GRADE POINT AVERAGE**

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

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

**4. 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 the junior year. ***Please ensure that the transcript is attached securely.***

**5. SAT, ACT AND ATP ACHIEVEMENT SCORES (Please refer to page 3 of this form)**

The 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 the 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 495.***

**LOCAL 495 ANNUAL SCHOLARSHIP FUND**

Application Deadline: **May 31, 2016**

**TEST SCORES**

U.S. Social Security Number \_\_\_\_\_

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

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

**2. ACT SCORES**

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

**3. 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

**4. 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.

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

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

# LOCAL 495 ANNUAL SCHOLARSHIP

The deadline for applications is: **May 31, 2016.**

Up to ten (10) \$2,500 scholarships will be awarded annually. The scholarships are only for high school seniors and is a single award.

Proof of college enrollment (class schedule) must be provided to our office **prior** to distribution of scholarship checks.

Eligibility requirements and application procedures are the same for all awards.

Recipients are selected by your union executive board based on academic achievement, SAT/ACT scores, character, goals and candidate's essay.

Recipients must attend a U.S. college or accredited professional school.

## **ELIGIBILITY REQUIREMENTS**

1. Applicants must graduate from high school during the 2015-2016 academic year.
2. The applicant must be a son, daughter or grandchild of a Teamsters 495 member. Financial dependents (i.e., stepchildren and wards) of Teamster members are eligible if the member contributes in excess of 50% of the applicant's financial support and if the applicant is a financial dependent of the member for federal income tax purposes.

## **Teamster Parent**

1. The applicant's Teamster parent must have been a member in good standing in Local 495 during the 12 consecutive months preceding the application deadline of **May 31, 2016.** In addition, the Teamster parent must not have been a Teamster officer or employee during this period.
2. If the applicant's Teamster parent is retired or deceased, he or she must have been a member in good standing for the 12 consecutive months preceding his or her retirement or death. Furthermore, the member must not have been an officer or employee during the 12-month period stated above.
3. If the Teamster member had deposited a withdrawal card during the 12 months preceding the applicant deadline, he or she must have been a dues paying member for 12 consecutive months prior to taking the withdrawal card. During both periods, the member must not have been a Teamster officer or employee and must have been a member in good standing.



PLEASE COMPLETE THE FOLLOWING:

1. **Student's Name** \_\_\_\_\_  
LAST (Do not include Jr., II, etc.)      FIRST (Do not use nickname)      MIDDLE INITIAL
2. **Address** \_\_\_\_\_  
Street      City and State      Zip Code  
Phone Number - area code (\_\_\_\_\_) \_\_\_\_\_
3. **U.S. 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)\_\_\_\_, 2016.  
Please note, if you have already graduated from high school or if you are not graduating during the current academic year 2015-2016, you may not apply.
8. **Early Admission Student:**    Yes    No
9. **Full names of the accredited colleges to which you have applied or plan to attend.**  
First Choice \_\_\_\_\_  
Name      City      State  
Second Choice \_\_\_\_\_  
Name      City      State
10. **Please attach an outline of all your activities, work experience, honors, distinctions and achievements.** (This application will not be processed without this activities list.)
11. **ON A SEPARATE SHEET OF PAPER, SUBMIT A 100-WORD ESSAY ON "MY GOALS FOR THE FUTURE." (MUST be typewritten)**
12. **ALSO, ON A SEPARATE SHEET OF PAPER A REPORT ON. "WHAT DOES THE TEAMSTERS UNION MEAN TO YOU?" (MUST be typewritten)**
13. **Full Name of Teamster Parent** \_\_\_\_\_  
Employer Name and Address \_\_\_\_\_  
Teamster Parent's Occupation \_\_\_\_\_
14. **Teamster Parent's ID Number or Social Security Number** \_\_\_\_\_

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**STOP!! FORWARD TO LOCAL 495**

This application will not be processed without membership verification

**SECRETARY-TREASURER'S MEMBERSHIP VERIFICATION**

1. I hereby certify that the above-named 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 of **May 31, 2016**.
- 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: \_\_\_\_\_  
month/day/year
- d. \_\_\_\_\_ for less than 12 consecutive months prior to the application deadline of **May 31, 2016**, 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

\_\_\_\_\_

Date: \_\_\_\_\_

**After May 31, 2016, applications will not be processed by the Scholarship Fund.**

Scholarship recipients are selected on the basis of scholastic achievement, aptitude, and personal qualifications as determined by the Scholarship Selection Committee.