

HIGH SCHOOL SENIORS ONLY. Do not apply until your last year of high school. Applicant to complete items 1 through 11.

1. Name: _____
Last First Middle Initial

2. Address: _____
Street

3. Telephone: _____ 4. Date of Birth: _____

5. Sex: Male () Female () 6. Social Security Number _____

SCHOOLING

7. _____
Name & Address of High School You Are Attending

8. Expected Date of Graduation: _____

9. What College do you plan to attend?

College name

Have you applied? Yes () No () Have you been accepted? Yes () No ()

FAMILY

10. Full Name of Teamster parent: _____

Social Security Number: _____

Place of Employment: _____

Relationship of Teamster parent to Applicant (Choose One)

a () Father: _____ b () Mother: _____

c () Other please specify _____

11. Signed _____
Teamster Member

Date _____

Signed _____
Applicant

Date _____

***Upon completing items 1 through 11 above,
forward this completed application to:***

Teamsters Local 89

ATTENTION: SCHOLARSHIP FUND

3813 Taylor Blvd., Louisville, KY 40215