

Richard C. Felch Memorial Scholarship Application - 2020

APPLICANT'S
NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HIGH SCHOOL _____

CITY _____ STATE _____ ZIP _____

DATE OF GRADUATION _____

SOCIAL SECURITY NO. _____

DATE OF BIRTH _____ MALE _____ FEMALE _____

COLLEGE OR UNIVERSITY OF YOUR CHOICE:

1) _____

2) _____

3) _____

PARENT/GRANDPARENT MEMBER'S
NAME _____

TEL. NO. _____

MEMBER'S
ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMPLOYER'S
NAME _____

UNION SEAL

SPACE BELOW TO BE FILLED IN BY THE PRESIDENT OF THE LOCAL UNION

I hereby certify that the Applicant named above is eligible to apply for the Teamsters Local #42 Scholarship Grants. I further certify that said Applicant is a child, stepchild or legally adopted child or grandchild of the Member named above, and that said Parent/Grandparent is in good standing of Local #42

SIGNATURE _____

DATE _____

MANDATORY DOCUMENT THAT MUST BE ATTACHED TO THIS APPLICATION:

LETTER OF ACCEPTANCE TO ONE OR MORE OF THE ABOVE SCHOOLS

NOTE: Must be signed by the Applicant

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT/GRANDPARENT MEMBER OF LOCAL NO. 42
