



## **TEAMSTERS LOCAL 519 SCHOLARSHIP FUND**

### ***OBJECTIVE***

The Teamsters Local 519 Scholarship Fund has been established by Teamsters Local 519 for the betterment of our members and 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 - - 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 519.

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 are available January 15<sup>th</sup> of each calendar year. Applications must be completed and returned to the Local Union prior to March 31st 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 519'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 519 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 519 or to the Teamsters Local 519 Scholarship Fund. They are merely required to supply the fund with all pertinent information in support of their application.

## ***REVISIONS***

Teamsters Local 519 Scholarship Fund reserves the right to review the conditions and procedures of the program and to make changes at any time, 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 519 Scholarship Fund  
2306 Montclair Avenue  
Knoxville, Tennessee 37917  
(865) 546-8373**

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

NAME Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

PERMANENT HOME MAILING ADDRESS DATE OF BIRTH Number \_\_\_\_\_ Street \_\_\_\_\_ Apt # \_\_\_\_\_

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

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_

NAME Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Classification/Job Title \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Applicant is a dependent of Teamsters Local 519:  Yes  No

SCHOOL NAME \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Yr \_\_\_\_\_

PRINCIPAL \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 explain \_\_\_\_\_  2 Yr. Community or Junior College  Other, \_\_\_\_\_

Major course of study \_\_\_\_\_ Anticipated date of graduation \_\_\_\_\_

Year \_\_\_\_\_ Student will:  live on campus  live off campus  commute from home \_\_\_\_\_ Month \_\_\_\_\_

Describe your work experience during . 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 |                |               |
|                  |              |            |                |               |
|                  |              |            |                |               |

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

| Activity | No. of Years Participated | Special Awards, Honors | Offices Held | Activity | No. of Years Participated | Special Awards, Honors | Offices Held |
|----------|---------------------------|------------------------|--------------|----------|---------------------------|------------------------|--------------|
|          |                           |                        |              |          |                           |                        |              |
|          |                           |                        |              |          |                           |                        |              |

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

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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 appropriate | <input type="checkbox"/> Very appropriate | <input type="checkbox"/> Moderately appropriate | <input type="checkbox"/> Inappropriate |
| The applicant's ability to set realistic and attainable goals is                             | <input type="checkbox"/> Extremely appropriate | <input type="checkbox"/> Very appropriate | <input type="checkbox"/> Moderately appropriate | <input type="checkbox"/> Inappropriate |
| The quality of the applicant's commitment to school and community is                         | <input type="checkbox"/> Extremely appropriate | <input type="checkbox"/> Very appropriate | <input type="checkbox"/> Moderately appropriate | <input type="checkbox"/> Inappropriate |
| The applicant is able to seek, find and use learning resources                               | <input type="checkbox"/> Extremely appropriate | <input type="checkbox"/> Very appropriate | <input type="checkbox"/> Moderately appropriate | <input type="checkbox"/> Inappropriate |
| The applicant demonstrates curiosity and initiative                                          | <input type="checkbox"/> Extremely appropriate | <input type="checkbox"/> Very appropriate | <input type="checkbox"/> Moderately appropriate | <input type="checkbox"/> Inappropriate |
| The applicant demonstrates good problem-solving skills, follows through, and completes tasks | <input type="checkbox"/> Extremely appropriate | <input type="checkbox"/> Very appropriate | <input type="checkbox"/> Moderately appropriate | <input type="checkbox"/> Inappropriate |
| The applicant's respect for self and other is                                                | <input type="checkbox"/> Extremely appropriate | <input type="checkbox"/> Very appropriate | <input type="checkbox"/> Moderately appropriate | <input type="checkbox"/> Inappropriate |

Appraiser's Name: \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 Appraiser's Business Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_

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 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 School Official's Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

| <i>Name of Award</i> | <i>Amount</i> | <i>Granted</i> | <i>Pending</i> |
|----------------------|---------------|----------------|----------------|
|                      |               |                |                |
|                      |               |                |                |

This application for a scholarship become complete and valid only when you have returned all the following materials:  
 Student application  
 Current Transcript(s) of grades to:

The student is responsible for submitting all materials on time.

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 Teamsters Local Union 519 Education Selection Committee.

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

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