

APPLICANT: PLEASE COMPLETE THE FOLLOWING:

1. Name

Last (Do not include Jr., II, etc) _____

First (Do not use nickname) _____

2. Address

Street _____

City and State _____

U.S. Zip Code _____ OR Canadian Postal Code _____

Phone Number _____ E-mail _____

Include area code

3. U.S. Social Security Number or Canadian Social Insurance No. _____

4. Gender M F Date of Birth _____

5. Full name of university, college or technical/vocational school you currently attend.

Name _____ City and State _____

6. Type of School: 4-year 2-year Technical/Vocational

7. Local Union/Lodge/Div. Number: _____

8. Local Union/Lodge/Div. Address _____

9. Has the Local/Lodge/Div. joined the Teamsters through a merged conference? If so, specify.

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10. Full name of Teamster: Parent or Grandparent _____

Teamster Parent/Grandparent's Employer Name and Address:

Name _____ City and State _____

Teamster Parent/Grandparent's Occupation _____

11. Teamster Parent/Grandparent's Ledger, Social Security or Social Insurance No. _____

Applicant Signature

Date

Parent's Signature

Date

The James R. Hoffa Memorial Scholarship funds are to be used exclusively for tuition, related fees, room and board. In the event that you should withdraw from school for any reason, the unused balance is to revert to the James R. Hoffa Scholarship Fund. You Teamster parent or grandparent must document his or her good standing before the disbursement of any funds by the Scholarship Fund. The membership standing is determined by the Local Union's By-Laws. If the Teamster parent or grandparent is no longer a member in good standing, the scholarship may be forfeited. By signing this application, the student agrees to allow the International Brotherhood of Teamsters and/or the James R. Hoffa Scholarship Fund to publish all or prt of his/her essay in any union or scholarship related publication or electronic format.