

TEAMSTERS LOCAL 830 SCHOLARSHIP FUND

P. O. BOX 6040
PHILADELPHIA, PA 19114-0460
TELEPHONE: 215-969-1012



Application for Scholarship Fund Award

(Please type or print all information except your signature.)

Name of Applicant: _____
Last First Middle

Permanent Home Address: _____
Street Town or City State & Zip

High School: _____
Name of High School

Address

Name of Parent-Member: _____
Last First Middle

Address of Parent-Member: _____
Street Town or City State & Zip

Parent-Member's Place of Employment: _____

Address of Employment: _____

Department: _____

Parent-Member's Employment Starting Date: ____/____/____

Biographical Questionnaire

The questions that follow are designed to collect information about your background, your interests, and your plans. Your answers to these questions will be used only in connection with your application for this scholarship program and will be divulged only to qualified persons who must see them in the course of their duties.

The selection of scholarship recipients will be influenced by the completeness of replies and the neatness of presentation.

A. You – The Applicant

Name in full (print) _____ Sex ____male ____female
Last First Middle

Permanent Home Address _____
Street & Number City or Town State & Zip

Telephone Number _____ (Please include Area Code)

B. Your Family

Father's full name _____ If deceased, give year of death _____

Home Address, if different from yours _____

What is your father's occupation? (Be specific as to what his position and what he does. If Deceased, state what his occupation was.) _____

For what kind of organization does he work? _____

Mother's full name _____ If deceased, give year of death _____

Home Address, if different from yours _____

What is your mother's occupation? (Be specific as to what her position and what she does. If Deceased, state what her occupation was.) _____

For what kind of organization does she work? _____

Brothers: Number _____ Ages _____ Sisters: Number: _____ Ages _____

Name of parent or guardian who supports you _____

If someone other than your father or mother supports you, give the following information:

Name _____

Address _____
Street & Number City or Town State & Zip

Relationship to your _____ Occupation _____

C. Your Schooling

List in chronological order all schools attended in the last four years, including any summer or special courses.

Name of School	Location (city and State)	Dates of Attendance

List any academic distinctions or honors you have won and grade levels (9, 10, 11, or 12).

What course of study (major) would you like to follow in college? (You may indicate more than one, or answer “undecided”.) _____

Do you plan to go to graduate or professional school after college? _____

Have you made any decisions as to your future occupation? _____ Yes _____ No

If yes, specify: _____

D. Your Activities and Work Experience

Note those activities in which you have been actively engaged and which you feel have been most meaningful to you (include years of participation, grade levels, and any offices held.)

Publications	Student Government
Debating and dramatics	Community Service
Music	Church Activities
Art	Athletics
Scouts	Clubs, etc.

List jobs (including summer employment) you have held in the past three or four years:

Job and kind of work	Employer	Summer	School Year	Approximate dates of Employment	Approximate number of hours per week

**E. Which of your experiences, academic or other, has given you the greatest personal satisfaction?
Why?**

F. Your Reading

What books and articles other than school assignments have you read recently?

Which of these have you found most stimulating and why?

G. What do you think are the most important problems facing: a). education; b). society?

Please forward the Secondary School Report (following page) to your high school for completion. You may return this with your application or have the high school forward it directly to the Scholarship Fund office at their discretion. In any event, please sign and date below and return your completed application to the Teamsters Local 830 Scholarship Fund, PO Box 6040, Philadelphia, PA 19114, Attention: Mary Joniec.

I hereby certify the information provided herein to be true and complete to the best of my knowledge and belief.

Date: _____ Signature of Applicant: _____
(Do Not Print)

DO NOT PRINT OR WRITE BELOW THIS LINE

THIS APPLICANT IS CERTIFIED TO BE ELIGIBLE TO COMPETE FOR A TEAMSTERS LOCAL 830 SCHOLARSHIP FUND AWARD.

Date: _____ Signature: _____
(Scholarship Fund Trustee)

