

TEAMSTERS LOCAL UNION 987

Scholarship Application



1. Criteria

Members or members on behalf of their immediate dependent children must meet the following:

- a. Member of Teamsters Local 987 for at least 12 consecutive months prior to applying;
- b. Teamsters Local Union 987 member in good standing and paid union dues for the 12 months prior to applying;

Members or their immediate dependent children must meet the following:

- a. 18 years of age or older;
- b. Canadian Citizen or Permanent Resident;
- c. Currently enrolled or accepted in a regular academic or training program at a college, university, or in a recognized vocational training program (truck driving school, welding school, etc.);

2. Additional Information – Part 10

- a. Attach a letter as to why you would be the ideal Teamsters Local Union 987 scholarship recipient.
- b. A space is provided for your personal information that you wish to be considered in your application.

3. Applying

- a. Send applications online (info@teamsters987.com); or mail to Teamsters Local Union 987, 12527 129 Street NW, Edmonton, AB, T5L 1H7.

4. Inquiries

- a. Please forward any questions about award applications to your Local Union office by phone at 403-252-7843 or 780-483-7098.

Scholarship recipients are selected on the basis of personal qualifications, geographic location and financial need by the Scholarship Selection Committee. We consider all applicants without regard to race, religion, gender, disability or any other legally protected status.

IMPORTANT: If you do not receive a confirmation of receipt after sending your application in, please contact us as soon as possible.

PART 3 – EDUCATION

Please state the highest level of education/training you have completed. _____

Are you currently enrolled or accepted in any training or academic courses? Yes No

What is the approximate date of your last course taken? _____(mm/yyyy)

List the institution(s) or training provider you are currently attending/plan to attend.

Start Date: _____

List the program(s), course(s) or training you plan to study or attend. Please state why.

List any Union courses you have taken.

PART 4 – EXPERIENCE

Please describe your community activities, volunteerism, and/or experience.

PART 5 – FUTURE GOALS

What are your future career goals?

What are your future community goals?

How will this education assist you in your work, and community goals?

PART 6 – ACHIEVEMENTS

Tell us about your most significant achievement that related to community, work achievements.

**PART 7 – ACADEMIC RECORD – If Non-Academic Application (eg. Training Course)
proceed to PART 7a.**

Must be completed by the applicant's school official.

Applicant's Name: _____
Last Name First Name Initial

ACADEMIC INFORMATION

Name of School: _____

Address: _____

Phone no.: _____

I confirm that the applicant is registered for the following program with our school
_____ for the session or school year
starting _____.

Registration fees of _____ have been or will be paid.
(Please attach copy of the invoice and/or proof of payment)

Name of School Official - Position

Signature of School Official

PART 7a – NON-ACADEMIC COURSE

Must be completed by Training Center Representative.

Applicant Name: _____
Last Name First Name Initial

NON - ACADEMIC INFORMATION

Name of Facility: _____

Name of Course: _____

Address: _____

Phone no.: _____

I confirm that the applicant is registered for the following program with our school _____ for the session or school year starting _____.

Registration fees of _____ have been or will be paid.
(Please attach copy of the invoice and/or proof of payment)

Name of Training Facility Representative & Position

Signature of Representative

PART 8 – ESTIMATED FINANCIAL NEED

Specify the total anticipated amount you will need for the year. \$_____ *Include the cost of tuition plus expenses of room and board, transportation and books.*

Number of dependents. _____

List the financial aid programs in which you will participate or have applied for, such as partial scholarships provided by the school, an alumni association, government or other group.

Source: _____ minus \$ _____

Source: _____ minus \$ _____

Source: _____ minus \$ _____

Total \$ _____

List of funds you will receive from any other source, such as parental assistance, employment or gift.

Source: _____ Minus \$ _____

Source: _____ Minus \$ _____

Source: _____ Minus \$ _____

Total \$ _____

Please provide any additional information that you believe would be helpful to the Scholarship Committee in assessing your personal or financial need.

PART 9 – MEMBERSHIP VERIFICATION
THE FOLLOWING MUST BE COMPLETED BY YOUR LOCAL UNION
SECRETARY – TREASURER.

SECRETARY – TREASURER’S MEMBERSHIP VERIFICATION

I hereby certify that the above-named person is not an elected officer or employee of this Local Union and is **a member in “good standing”** as defined in Article X, Section 5 of the International Constitution, and has paid his/her dues for at least the last twelve months.

Secretary – Treasurer

Date

PART 10 – ADDITIONAL INFORMATION

*Please attach a **separate** letter why you would make the ideal candidate for a Local 987 Scholarship.*

Write additional information that you wish to provide Teamsters Local Union 987 Awards Committee