

# OFFICIAL SCHOLARSHIP APPLICATION



## TEAMSTERS LOCAL UNION NO. 251 RHODE ISLAND HOSPITAL EMPLOYEES SCHOLARSHIP APPLICATION



Local 251 is awarding ten \$3,500 college scholarships to children of Rhode Island Hospital Teamster employees. This benefit was negotiated in our union contract with Lifespan. A drawing will be held to determine the scholarship winners. Applicants must be the son or daughter of a Teamster member in good standing at Rhode Island Hospital to be eligible to apply.

PLEASE PRINT IN INK

STUDENT NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

NAME AND ADDRESS OF HIGH SCHOOL CURRENTLY ATTENDING (SENIORS ONLY) OR SCHOOL HE/SHE HAS ATTENDED (SENIORS THAT HAVE GRADUATED) \_\_\_\_\_

MONTH & YEAR OF GRADUATION \_\_\_\_\_ SSN# \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

TEAMSTER MEMBER [PARENT] INFORMATION:

Teamster Member [Parent] Name \_\_\_\_\_

Teamster Member [Parent] SS# \_\_\_\_\_ Telephone # \_\_\_\_\_

Teamster Member [Parent] Home Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

FULL NAME AND ADDRESS OF ACCREDITED COLLEGE TO WHICH YOU HAVE APPLIED, PLAN TO ATTEND, OR ARE ATTENDING: \_\_\_\_\_

Phone Number of Bursar's Office: \_\_\_\_\_

Applicant's Signature

Date

Member's Signature

Date

\_\_\_\_\_

Applications should be returned to the Union Hall or submitted to a Liaison, Union Representative, or the RIH H.R. Department. Only one (1) application per student. **Applications must be received by Friday July 31.**