

Teamsters Joint Council No. 73 Scholarship Fund

150 Morris Avenue, Suite 204
Springfield, NJ 07081
(973) 467-9100 Fax (973) 467-9101
www.Teamstersjc73.org



Alphonse Rispoli, Jr., President
Bob Cherney, Vice-President
James Kane, Secretary-Treasurer
Jim Kilkenny, Recording Secretary
Ron Lake, Trustee
Joe DiPalma, Trustee
Michael Broderick, Trustee

Grants of \$2,000.00 yearly for a four year period, are available to qualified applicants for their college education. Once an award is given to a student, a satisfactory academic record must be maintained to ensure its continuance.

Applications for the Joint Council No. 73 Scholarship Awards are available at your Local Union office or at the office of Joint Council No. 73. In completing the application, please keep the following points in mind:

- 1. Applicants must be the son, daughter or financial dependent of a Teamster member who qualifies as a member in good standing. (Membership Verification form is to be filled out, signed by an **Officer of your Local Union** and attached to the application).*
- 2. Applicants will be judged on, among other things, their record of three and one-half years work in an accredited secondary school. Only students currently enrolled as seniors can be considered.*
- 3. An official transcript of your secondary school work must be in the hands of the Board of Trustees by **March 1, 2025**. Note the mailing address of the Board on the application form.*
- 4. Recommendations by your guidance counselor and/or teachers should accompany the official transcript of your school record.*
- 5. A character recommendation must be submitted by **March 1, 2025**. This should be a letter from a responsible member of your local community who knows you well.*
- 6. This award will depend upon your acceptance at the college of your choice.*
- 7. Applicants will take the College Entrance Examination Board Scholastic Aptitude Test or the American College Testing (ACT) . We will accept scores as part of the official school transcript.*
- 8. **Enclose on a separate sheet of paper a brief essay about yourself. Be sure to include a self-evaluation, your reasons for wanting to further your education and your career goals.***

PLEASE MAKE SURE ALL INFORMATION REQUESTED IS COMPLETE WHEN HANDED IN.
Applications postmarked after March 1, 2025 will not be accepted.

The official application and all transcripts, tests and recommendations should be in the hands of the Board of Trustees by March 1, 2025.

All communications should be sent to:
JOINT COUNCIL NO. 73 SCHOLARSHIP AWARDS
150 MORRIS AVENUE, SUITE 204
SPRINGFIELD, NJ 07081

JOINT COUNCIL NO. 73 SCHOLARSHIP AWARDS
APPLICATION

Name of Applicant: _____
(First) (Middle) (Last)

Relationship to Union Member: _____

Home Address: _____
(Street) (City)

_____ (State) (Zip)
(Phone No.)

E-Mail Address: _____

High School: _____
(Name) (Address)

1. Expected Date of High School Graduation: _____

2. I requested that an official transcript of my high school record and SAT scores be sent by:

3. I requested a recommendation from: (guidance counselor and/or teacher)

4. I requested a character recommendation from: _____

5. Names of the accredited colleges to which you have applied or plan to attend:

First Choice: _____

Second Choice: _____

Union Member Information:

Name of Member: _____ Local Union No: _____

Members Social Security: _____ Place of Employment: _____

Signature of Applicant: _____

NOTE: This application and all transcripts, recommendations and test results are to be forwarded to:
Joint Council No. 73 Scholarship Awards,
150 Morris Avenue, Suite 204,
Springfield, NJ 07081

Applications postmarked after March 1, 2025 will not be accepted.
Double-check all the information you provide to make sure it's accurate.
Incorrect information provided may result in disqualification of the application

Membership Verification

TO BE FILLED OUT BY YOUR LOCAL UNION OFFICER

Local Union Number: _____ Employer: _____

Members Name: _____

Members Social Security Number: _____ Applicants Name:

_____ Applicants Social Security Number:

1. I hereby certify that the above named Teamster Member is not an elected officer of this Local

Union. 2. I certify that the above named Teamster Member is a member in "Good Standing".

3. I verify that the applicant is the son, daughter or financial dependent of the above named Teamster Member or guardian.

Signature of Local Union Officer Print Name

Date