

# Teamsters Joint Council No. 73 Scholarship Fund



150 Morris Avenue, Suite 204 ~ Springfield, NJ 07081 ~ Tel. 973-467-9100 ~ Fax 973-467-9101

Alphonse Rispoli, Jr., President  
Bob Cherney, Vice-President  
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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 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, 2026. 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, 2026. 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**

**DEADLINE: MARCH 1, 2026** The official application and all transcripts, tests and recommendations should be in the hands of the Board of Trustees. 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:** \_\_\_\_\_  
(Last) (First) (Middle)

**Relationship to Member:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
(Street) (City)

Phone No: \_\_\_\_\_  
(State) (Zip)

**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:** \_\_\_\_\_

### **Member Information:**

**Name of Member:** \_\_\_\_\_ **Local Union No.:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Members Social Security #:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

**NOTE: This application and all transcripts, recommendations and test results are to be forwarded to the Joint Council No. 73 Scholarship Awards, 150 Morris Avenue, Suite 204, Springfield, NJ 07081 by March 1, 2026.**

***\*\*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**