TEAMSTERS LOCAL UNION 177

Affiliated with the International Brotherhood of Teamsters
282 Hillside Avenue, Hillside, NJ 07205
Telephone: 973-923-7070 Fax: 973-923-2631

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TEAMSTERS LOCAL 177
SCHOLARSHIP AWARDS

The Local 177 Executive Board has established an Academic Scholarship Program for yearly grants of $2,500.00 for a four (4) year period. The grants will be awarded to three (3) qualified applicants for their college education. Applicants must be sons or daughters of Teamsters Local 177 members, or their legal guardian. The continuance of the award for four (4) years will be determined by the recipient maintaining a satisfactory academic record.

1. Eligibility Criteria

A. Applicant must be the son or daughter of an active, retired, disabled/deceased or laid-off Teamster member of Local 177 who has had at least twelve consecutive months of good standing in Local 177 preceding the application deadline date. (Teamster officers and employees are not eligible for this award.)

B. Applicant must be in his/her last year of high school.

C. Must submit SAT or ACT scores for evaluation.

D. Submit written recommendations from either your Guidance Counselor, Principal or a Teacher along with your official transcript or school record.

2. Application Requirements

A. All applications must be completed in full and submitted to the Scholarship Committee no later than **March 25th, 2027.** Any application which is mailed must be **postmarked no later than March 20th, 2027**.

B. Part I of the application must be completed and signed by the applicant's parent/guardian and Local 177 Secretary-Treasurer confirming the truthfulness of its contents.

C. Part II of the application must be completed and returned directly to the Scholarship Committee by **March 25th, 2027.**

D. Successful candidates must demonstrate acceptance as a **freshman** at an accredited junior college, college or university.

Local 177 IBT - Scholarship Application

Part I – Applicant and Parent Information

1. APPLICANT

Name: _____

Home Address: _____

Telephone: _____ D.O.B. _____ Soc. Sec. No. _____

Expected Graduation Date: _____

2. PARENT INFORMATION (LOCAL 177 MEMBER)

Name: _____

Home Address: _____

Employer/Location: _____

Soc. Sec. No. _____ Telephone: _____

3. OTHER PARENT

Name: _____

Home Address: _____

Occupation/Employer: _____

4. NAMES AND AGES OF ALL APPLICANT'S SIBLINGS

_____

_____

_____

5. GIVE NAMES AND DATES OF HIGH SCHOOL ATTENDED

_____

_____

Local 177 IBT - Scholarship Application

Part I – Applicant and Parent Information (Continued)

6. **LIST ALL EXTRA-CURRICULAR ACTIVITIES YOU HAVE PARTICIPATED IN DURING YOUR HIGH SCHOOL YEARS** (include church groups, community organizations, part-time and summer employment)

_____

_____

_____

7. **PLEASE LIST OFFICES OR POSITIONS YOU HAVE HELD IN CLUBS, SPORTS TEAMS, ETC.**

_____

_____

_____

8. **PLEASE LIST OTHER SCHOLARSHIP PROGRAMS TO WHICH YOU HAVE APPLIED. PLEASE INDICATE AMOUNTS OF EACH SCHOLARSHIP AND STIPULATE IF YOU HAVE RECEIVED A RESPONSE FROM THE PROGRAMS APPLIED TO.**

_____

_____

_____

9. **PLEASE LIST THE NAMES OF ALL COLLEGES TO WHICH YOU APPLIED, AND THE COLLEGE YOU WISH TO ATTEND.**

_____

_____

_____

10. **PLEASE LIST ANY HONORS, DISTINCTIONS AND ACHIEVEMENTS.**

_____

_____

_____

Local 177 IBT - Scholarship Application

Part I – Applicant and Parent Information (Continued)

11. (OPTIONAL) SINCE THE FINANCIAL NEED OF THE APPLICANT COULD BE AN IMPORTANT CONSIDERATION IN THE SELECTION PROCESS, PLEASE FEEL FREE TO SUBMIT A LETTER OUTLINING A CLEAR PICTURE OF THE FAMILY'S FINANCES. THIS LETTER MAY INCLUDE ANY FAMILY HARDSHIPS AND/OR ILLNESSES THAT CAUSED A SEVERE FINANCIAL BURDEN TO THE APPLICANT'S FAMILY. ALL LETTERS RECEIVED WILL BE HELD IN THE STRICTEST OF CONFIDENCE.

12. CERTIFICATION

I hereby certify that the foregoing information was answered truthfully to the best of my knowledge.

_____
Applicant's Signature

_____
Parent/Guardian Signature

_____
Secretary-Treasurer Signature

Local 177 IBT - Scholarship Application

Part II – Secondary School Record

_____

Applicant's Name

1. Your secondary school record from high school **must** be attached to this page. The complete record to date **must** be signed and sealed by your high school principal and **must** be on your school's official transcript form.

2. Please indicate the date(s) and place(s) you took the college entrance examination (SAT or other). You must provide proof of your SAT scores immediately upon receipt.

3. A statement from your high school principal or guidance counselor **must** be attached to this section.

4. The above section must be mailed directly to:

Local 177 IBT Scholarship Committee
282 Hillside Avenue
Hillside, NJ 07205

THE ENVELOPE MUST BE POSTMARKED NO LATER THAN MARCH 20th, 2027