CALIFORNIA TEAMSTERS HISPANIC CAUCUS

"Hermandad Entre Hispanos"

4666 Mission Gorge Place
San Diego, CA 92120
(619) 582-0542 · (619) 582-0059

SCHOLARSHIP APPLICANT:
Please complete the following sections as they apply:

1. NAME _____
LAST

_____ _____
FIRST MIDDLE INITIAL

2. ADDRESS _____
STREET

_____
CITY STATE ZIP CODE

_____ _____
AREA CODE PHONE NUMBER E-MAIL ADDRESS

3. SEX _____M _____F DATE OF BIRTH_____

4. HIGH SCHOOL _____

5. EXPECTED DATE OF HIGH SCHOOL GRADUATION_____

6. EARLY ADMISSION STUDENT _____Yes _____No

7. FULL NAMES OF THE ACCREDITED COLLEGES TO WHICH YOU HAVE APPLIED OR PLAN TO ATTEND:

FIRST CHOICE _____
NAME

SECOND CHOICE _____
NAME

8. PLEASE ATTACH A LEGIBLE LISTING IN OUTLINE OF ALL ACTIVITIES, WORK EXPERIENCE, HONORS, DISTINCTIONS AND ACHIEVEMENTS. PLEASE ENSURE THAT THIS LISTING IS NO LONGER THAN ONE PAGE AND THAT IT IS STAPLED TO THE BACK OF THIS APPLICATION.

Deadline to submit application is Friday, June 30, 2023.

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9. FULL NAME OF TEAMSTER PARENT_____

PARENT'S EMPLOYER NAME AND ADDRESS_____

_____

10. TEAMSTER PARENT'S SOCIAL SECURITY NUMBER_____

11. TEAMSTER LOCAL NUMBER PARENT BELONGS TO:_____

12. IN SUBMITTING THIS INFORMATION, I CERTIFY THAT THE INFORMATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

_____ _____

APPLICANT'S SIGNATURE TEAMSTER PARENT SIGNATURE

13. IN YOUR OWN HANDWRITING, GIVE US YOUR OWN VIEW ON HOW YOU CAN BE AN ASSET TO THE COMMUNITY AND THE TEAMSTERS UNION IF GRANTED THIS SCHOLARSHIP. *PLEASE ATTACH AN ADDITIONAL SHEET IF NECESSARY.*

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ATTENTION!!! MAIL THIS APPLICATION TO YOUR TEAMSTER LOCAL FOR VERIFICATION, THEN FORWARD TO: Jaime Vasquez at 4666 Mission Gorge Place, San Diego, CA 92120. **THIS APPLICATION WILL NOT BE PROCESSED WITHOUT MEMBERSHIP VERIFICATION FROM THEIR LOCAL UNION.**

Deadline to submit application is Friday, June 30, 2023.

SECRETARY-TREASURER STATEMENT OF APPROVAL:

1. Membership Verification; I hereby certify that the above named Teamster member has been a member in good standing of this Local Union and has not been suspended from membership for a minimum of 12 consecutive months without taking withdrawal card prior to the application deadline.
2. I verify, on the basis of the Teamsters parent's membership record, that his/her son or daughter would be eligible to apply for this program.
3. SIGNATURE OF SECRETARY TREASURER AND TEAMSTER HISPANIC CAUCUS OFFICIAL

_____ _____

Secretary-Treasurer Hispanic Caucus Official

DATE_____ DATE _____