



Chicago Teamsters Hispanic Caucus Scholarship Application Form

Applicant's Teamster Sponsor Information:

Date: _____

Name: _____ Relationship to Applicant: _____

Address: _____

Telephone: _____ Date of Birth: _____

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SS#: _____ Union Affiliation/Local #: _____

Applicant Information:

Name: _____ Date of Birth: _____

Address: _____

Telephone: _____ Major: _____

School Name: _____

School Address: _____

School Telephone: _____ Expected Graduation Date: _____