



# CALIFORNIA TEAMSTERS HISPANIC CAUCUS



"Hermandad Entre Hispanos"

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

## CALIFORNIA TEAMSTERS HISPANIC CAUCUS WILL AWARD SCHOLARSHIPS TO ...

Deserving High School Seniors Graduating this year,

Who are:

A Daughter or Son of an active Teamster whose dues are current with his/her Local Union;

And are

Attending or have been accepted by an accredited University, College or Trade School.

Applicants **must** properly provide:

1. Proof of Acceptance to their selected University, College or Trade School;
2. Provide a wallet size photo;
3. Provide your official High School transcript through the 2018 fall semester;
4. Secretary-Treasurer from your Local must sign the bottom of application.

**MAIL THE COMPLETED APPLICATION FOR SCHOLARSHIP TO YOUR  
PARENT'S LOCAL UNION OFFICE.**

For further information, and to obtain an application for a scholarship, please contact your Teamsters Local Union or write/fax the California Teamsters Hispanic Caucus at the address/fax number above.

**APPLICATION DEADLINE  
FRIDAY, JUNE 28, 2019**

**Applications received after June 28, 2019 or incomplete applications will not be accepted**



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NAME OF APPLICANT:

Please complete the following sections as they apply:

1. NAME \_\_\_\_\_  
LAST

\_\_\_\_\_  
FIRST MIDDLE INITIAL

2. ADDRESS \_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
TEAMSTER LOCAL # AREA CODE PHONE NUMBER

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.



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9. FULL NAME OF TEAMSTER PARENT \_\_\_\_\_

PARENT’S EMPLOYER NAME AND ADDRESS \_\_\_\_\_

10. TEAMSTER PARENT’S SOCIAL SECURITY NUMBER \_\_\_\_\_

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

\_\_\_\_\_  
APPLICANT’S SIGNATURE

\_\_\_\_\_  
TEAMSTER PARENT’S SIGNATURE

12. 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.**

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 TEAMSTER HISPANIC CAUCUS OFFICIAL

\_\_\_\_\_  
DATE \_\_\_\_\_

\_\_\_\_\_  
DATE \_\_\_\_\_