



# 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.

**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.**

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## 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 \_\_\_\_\_