

**APPLICATION  
2024 EDWARD W. RICE SCHOLARSHIP AWARD**

**TEAMSTERS LOCAL UNION #493  
P.O. BOX 485, UNCASVILLE, CT. 06382**

In order that you may fulfill the requirements and meet the deadlines of this program, your application should reach the Union Office no later than Thursday, May 23, 2024. Failure to comply with this regulation may result in your disqualification.

It is now mandatory that a member submitting his/her child's name for the drawing scheduled to take place at the regular quarterly meeting on Sunday, June 09, 2024, must be present. Children do not attend the meeting. If you are not present, and your child's name is picked, another name will be picked in his/her place.

**APPLICANT TO COMPLETE ITEMS 1 -12.**

**A. APPLICANT**

1. NAME \_\_\_\_\_  
(Last) (First) (Init.)

2. ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

3. DATE OF BIRTH \_\_\_\_\_  
(Month) (Day) (Year)

4. SOCIAL SECURITY NUMBER: \_\_\_\_\_

**B. SCHOOLING**

5. Name and Address of High School which you have graduated from:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

6. A letter (may be a photocopy) from a college or university showing that you are under consideration as an early admissions student.

**C. PARENTS**

7 - A. \_\_\_\_\_

Teamster Parents Full Name.

\_\_\_\_\_  
Relationship (Father, Mother, Step-parent, guardian, etc.)

B. \_\_\_\_\_

Other Parent's name

\_\_\_\_\_  
Relationship (Father, mother, step-parent, guardian, etc.)

8. Check if Teamster parent listed in Item 7-A is deceased. If so, has your surviving parent remarried? \_\_\_\_\_

9.

\_\_\_\_\_  
Address of Teamster member if different from applicant.

**STOP!!** If you do not need to fill out this section, proceed to Sections 11 and 12.

10. This section is to be completed by the person listed in Item 7-A only if he/she is NOT the natural parent of the applicant. Natural mothers and fathers should NOT fill in this section.

RELATIONSHIP TO APPLICANT \_\_\_\_\_

(Step-father, legal guardian, etc.)

I hereby certify that I provide in excess of 50% of the financial support of the applicant and that the applicant is my dependent for Federal income tax purposes.

(Signed - Teamster Member)

\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2024, in the City/County of \_\_\_\_\_ in the State of \_\_\_\_\_.

SEAL

\_\_\_\_\_  
(Notary Public)

My commission expires \_\_\_\_\_

11. Signed \_\_\_\_\_ Date \_\_\_\_\_  
Teamster Member

12. Signed \_\_\_\_\_ Date \_\_\_\_\_  
Applicant

