



2025-2026

DOUGHERTY FUND SCHOLARSHIP PROGRAM

APPLICATION

The Ed Dougherty Memorial Scholarship Fund awards scholarships annually to outstanding high school seniors. Due to the great number of applicants to this program all students must comply with the following eligibility and application criteria. Each applicant must:

1. Be the son or daughter of an active, retired, disabled or deceased Teamster member of Local 804 who has or had at least six months of consecutive membership in the Local.
2. Be in his/her last year of high school.
3. Plan to submit excellent SAT or ACT scores for evaluation.
4. Plan to attend a regionally accredited College or university. Those who plan to attend non-academic or certificate programs may not apply.

ADDITIONAL REQUIREMENTS

After completing this form in its entirety, the applicant must submit it to the Ed Dougherty Memorial Trust Executive Committee for approval. Upon receipt and processing of the application, the applicant will be sent a kit with requirement information and registration forms.

It is the applicant's sole responsibility to submit the following requirements to the Scholarship Fund no later than April 1, 2026.

(Please note: all applicants will be provided with the necessary materials to do so.)

1. An official copy of the High School Transcript.
2. SAT or ACT results

Please complete the following sections as they apply:

1. NAME _____
2. ADDRESS _____

3. DATE OF BIRTH _____
4. High School Attending: _____

5. Expected date of HS graduation _____

(Please note, if you have already graduated from high school or you are not graduating during the current academic year, you may not apply)

6. Early Admission Student ___ YES ___ NO

7. Full names of accredited colleges to which you have applied or plan to attend.

First Choice _____

Second Choice _____

8. Please attach a legible listing in outline form of all your activities, work experience, honors, distinctions, and achievements. Please ensure that this listing is no longer than one page and that it is stapled to this page.

9. In submitting this information, I certify that the information is accurate and complete to the best of my knowledge:

Applicant's Signature

Parent's Signature DATE

Home phone number _____

Sections 1,2 are to be completed by the parents.

This application will not be processed without membership verification:

1. Full name of parent _____

Employer Name and Address _____

Parent's occupation: _____

2. Parents Soc. Sec. No: _____

3. I verify, on the basis of the parent's membership record, that his/her son or daughter would be eligible for this program.
(Check one) ___ YES ___ NO

4. Signature of Director _____