



LOCAL 804 - DELIVERY AND WAREHOUSE EMPLOYEES

An Affiliate of
INTERNATIONAL BROTHERHOOD OF TEAMSTERS

44 S Bayles Ave 3rd FL Port Washington, NY 11050-TEL. (718) 786-5700 - FAX # (718) 786-5757
EMAIL: EXECUTIVEBOARD@TEAMSTERSLOCAL804.ORG WWW.TEAMSTERSLOCAL804.ORG

2023-2024 ED DOUGHERTY TRADE SCHOOL SCHOLARSHIP FUND

APPLICATION

The Ed Dougherty Trade School Scholarship awards scholarships annually to high school seniors looking to further their education in the trades. 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 attend a regionally accredited Trade School. Those who plan to attend a non-academic or certificate programs may not apply.

ADDITIONAL REQUIREMENTS

After completing this form in its entirety, the applicant must submit to the Ed Dougherty Memorial Trust Executive Committee for approval. It is the applicant's sole responsibility to submit the following requirements to the Scholarship Fund no later than **April 1, 2024**.

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

- A. An official copy of the High School Transcript.
- B. An essay or video stating what trade, or program, & describing why you chose this field.

Please complete the following sections as they apply:

1. NAME _____
2. ADDRESS _____

- Date of Birth _____
3. High School Attending _____

4. Expected date of HS graduation _____

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

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

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

Applicant's Signature _____

Parents Signature _____ Date _____

Home phone Number _____

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 _____

UPON COMPLETION, PLEASE SCAN AND SUBMIT
BY EMAIL NO LATER THAN **April 1, 2024**

Ed Dougherty Memorial Executive Committee
Trustee Committee
Dues1@Teamsterslocal804.org