

TWU LOCAL 234

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*Local 234 will soon award five
\$1,000 scholarships.*

*All winners will be selected from a
list of eligible participants.*

*Winners will be selected by
drawing at the Executive Board
meeting on Friday May 8, 2026.*

YOU MUST APPLY BY:

Wednesday, April 29, 2026

**TRANSPORT WORKERS UNION
LOCAL 234
500 N. 2ND STREET
PHILA., PA. 19123
OFFICE: (215) 972-4140
FAX: (215) 496-9041
www.twulocal234.net**

2026 DARYL F. MACK SCHOLARSHIP



**TRANSPORT WORKERS
UNION LOCAL 234**



In an on-going effort to assist our active members and their families who are attending private high schools, pursuing college degrees and/or otherwise continuing their education, the Staff and Executive Board of TWU Local 234 worked hard to raise funds to support the Daryl F. Mack Scholarship Program. As a result, FIVE \$1,000 scholarships will be awarded to members and/or their immediate family members.

If you have any questions or need additional information, call the Union Hall at (215)972-4140.

Local 234's Scholarship Program is dedicated to Daryl F. Mack, a staunch and faithful union member for 27 years who rose through the ranks to become Vice President.

August 16, 1970-June 16, 2017

HOW DO I APPLY?

Review criteria below to ensure eligibility.

Forward all requested information with Application of Eligibility.

All required documents must be attached to your application and submitted no later than the close of business Wednesday, April 29, 2026

CRITERIA

- ◆ TWU Local 234 active members are eligible.
- ◆ Family members must attend school full time to be eligible.
- ◆ Attendance at private high school, accredited college, community college, university or trade school.
- ◆ Proof of eligibility must be forwarded to the Union Hall by the deadline.

REQUIRED DOCUMENTS

- ◆ Letter of Acceptance and/or written Proof of Attendance on school letterhead with official school signature.
- ◆ Roster and/or Class Schedule with student ID #, name of school and address.

APPLICATION FOR ELIGIBILITY

CHECK APPROPRIATE BOX: MEMBER

MEMBER'S SPOUSE OR MEMBER'S SON/DAUGHTER

APPLICANT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT # _____

MEMBER'S INFORMATION: ACCOUNT # _____

NAME: _____

WORK LOCATION: _____

CONTACT # _____

SCHOOL INFORMATION

STUDENT I.D. # _____

NAME OF SCHOOL : _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON (COUNSELOR OR HUMAN RESOURCES): _____
