

# Application for the Local 812 Scholarship Fund Award for use in the 2025-2026 Academic Year Application Deadline: March 1, 2025

The Local 812 Scholarship Fund awards scholarships annually to outstanding high school seniors, high school graduates and students of colleges (two or four year program), university or professional schools. Due to the great number of applicants and because the program is extremely competitive, all applicants *must* comply with the following eligibility and application criteria. Each applicant must:

1. be the son, daughter or spouse of an active Teamster member who has at least twelve months of consecutive membership in good standing with Teamsters Local 812 or be the child of a retired member of Local 812.
2. be a high school graduate, a student in an accredited college (two or four year program), university or professional school or be in his/her last year of high school.
3. attend or plan to attend an accredited college, university or professional school. Those who plan to attend non-academic or certificate programs may not apply.

## Application Procedure

1. Applicant and Local 812 Teamster parent or spouse complete 1-11. Forward completed questionnaire to Scholarship Fund Application Committee.
2. Applicant's high school, college, university or professional school official completes the section marked "Academic Record". High school, college, university or professional school official will forward completed "Academic Record" section and applicant's high school, college, university or professional school official transcript to Scholarship Fund Application Committee.
3. Completed questionnaire, "Academic Record" section and applicant's high school, college, university or professional school official transcript must be forwarded to the following address:

**Scholarship Fund Application Committee**  
**Local 812 Scholarship Fund**  
**P.O. Box 560234**  
**College Point, NY 11356**

**Questions can be e-mailed to: scholarship812@gmail.com**

**\*\* Applications received by Scholarship Fund Application Committee after March 1, 2025 will not be processed.\*\***

The Scholarship Fund Application Committee will forward the section marked "Membership Verification" to the Secretary-Treasurer of Local 812. After completing the applicant's "Membership Verification" form, the Secretary-Treasurer will forward the completed form to the Scholarship Fund Application Committee.

## ATTENTION MEMBER

As it says on the cover sheet of the application, the 812 member must be in good standings with the Union. This means your Union dues must be up to date and not in arrears, if you are not sure of your Union dues status please give the Union a call and check to see if you are in arrears. If you are and it is not corrected your child's, or spouse's, application will not be accepted.

**Page 4 – This is a very important page and must be filled out**

LOCAL UNION 812

445 Northern Boulevard, Suite 30

Great Neck, NY 11021-4804

(516) 303-1455

(MUST BE COMPLETED BY THE APPLICANT'S COLLEGE, UNIVERSITY, PROFESSIONAL SCHOOL OR HIGH SCHOOL OFFICIAL PLUS HAVE SIGNATURE OF HIGH SCHOOL OFFICIAL.)

**DUE DATE: MARCH 1, 2025**

# LOCAL 812 SCHOLARSHIP FUND

## ACADEMIC RECORD

### SCHOLARSHIP FUND PROGRAM

Social Security Number \_\_\_\_\_

Please Print or type

Applicant's name: \_\_\_\_\_

#### I. COLLEGE UNIVERSITY, PROFESSIONAL OR HIGH SCHOOL INFORMATION

Name of College, University, Professional or Secondary school

\_\_\_\_\_

Address \_\_\_\_\_

#### II. CLASS RANK *(optional)*

Please indicate the student's exact rank in class. If exact rank is not available, please estimate this figure.

Student ranks exactly/ approximately \_\_\_\_\_ in a class of \_\_\_\_\_ students  
the end of \_\_\_\_\_. Student ranks in the top \_\_\_\_\_ % of a class of \_\_\_\_\_ students at the  
end of \_\_\_\_\_.

#### III. GRADE POINT AVERAGE

Please indicate the student's grade point average in the spaces below.

Student has a cumulative GPA of: \_\_\_\_\_ at the end of \_\_\_\_\_

#### IV. COLLEGE, UNIVERSITY, PROFESSIONAL OR HIGH SCHOOL OFFICIAL TRANSCRIPT

**Please attach an official transcript bearing the school's seal or school official's signature to this form.**

**Please ensure that the transcript is attached securely**

SIGNATURE OF SCHOOL OFFICIAL. \_\_\_\_\_

Please return this form and official transcript to the following address:

SCHOLARSHIP FUND APPLICATION COMMITTEE  
LOCAL 812 SCHOLARSHIP FUND  
P.O. BOX 560234  
COLLEGE PT., N.Y. 11356

1. Name (Do not use nicknames, do not include Jr., II etc.)

Last \_\_\_\_\_ MI \_\_\_\_\_ First \_\_\_\_\_

2. Address

Street \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

3. Social Security Number \_\_\_\_\_

4. Sex  M  F Date of Birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

5. College, University Professional or High School  
(are now attending or graduated from) name of school \_\_\_\_\_

address \_\_\_\_\_

(Currently I am a: Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_)

6. College, University Class or expected date of High School  
graduation \_\_\_\_\_

7. Full names of the accredited colleges, universities or professional schools to which  
you have applies or plan to attend or at which you are attending.

First choice (or attending) \_\_\_\_\_  
name address

Second choice \_\_\_\_\_  
name address

8. Please attach an outline of all of your activities, work experience, honors, distinctions  
and achievements. **This application will not be processed without this activities list.**

9. SAT SCORES, ACT SCORES AND SAT SUBJECT TEST SCORES (EACH IS  
OPTIONAL).

A. SAT SCORES (OPTIONAL)

Verbal \_\_\_\_\_ Math \_\_\_\_\_ Test Date \_\_\_\_\_

B. ACT SCORES (OPTIONAL)

English \_\_\_\_\_ Math \_\_\_\_\_ Reading \_\_\_\_\_ Science \_\_\_\_\_ Test Date \_\_\_\_\_

C. SAT SUBJECT TEST SCORES (OPTIONAL)

10. Full name of Teamster Parent \_\_\_\_\_

Home address \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Teamster Parents  
Employer Name and address \_\_\_\_\_

Teamster Parent's Occupation \_\_\_\_\_

Date Teamster Parent Retired \_\_\_\_\_

11. Teamster Parents Social Security Number \_\_\_\_\_

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

Applicant Signature	Date	Teamster Parent Signature	Date
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Upon completion, please forward this application no later than March 1, 2025 to:

SCHOLARSHIP FUND APPLICATIONS COMMITTEE  
LOCAL 812 SCHOLARSHIP FUND  
P.O. BOX 560234  
COLLEGE POINT, NY 11356

**AFTER MARCH 1, 2025, APPLICATIONS WILL NOT BE PROCESSED BY THE SCHOLARSHIP FUND COMMITTEE**

The local 812 Scholarship Fund was established as a non-profit, stand alone, charitable incorporated organization and is intended to qualify as a 501 (c)(3) tax exempt organization (Tax Identification # 20-0909204) which will raise significant money from outside sources to award Local 812 Teamster dependents scholarships to help finance the cost of college. Scholarship recipients are selected on the basis of scholastic achievement, aptitude, personal qualifications and financial need by the Scholarship Fund Application Committee. We consider all applicants without regard to race, religion, gender, disability or any other legally protected status. Due to the number of applicants to this program and because the program is extremely competitive, only those students who exemplify academic excellence should apply.



SECRETARY-TREASURER'S MEMBERSHIP VERIFICATION  
2025-2026 SCHOOL YEAR  
MEMBER COMPLETE:

TEAMSTER MEMBER \_\_\_\_\_  
Print name

SS# \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_

LOCATION \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

SS# \_\_\_\_\_

**(The following sections are to be completed in their entirety  
by the Secretary-Treasurer of Local 812.)**

1. I hereby certify that the above named Teamster member has not been an officer or employee of local 812.

2. I verify, on the basis of the Teamster parent's membership record, that his/her son or daughter would be eligible to apply for this program (check one):

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

3. Signature of Secretary-Treasurer of Local 812

\_\_\_\_\_  
John Visconti - Local 812 Secretary - Treasurer