

OFFICIAL APPLICATION

MICHAEL J. QUILL SCHOLARSHIP FUND



NOTE TO ALL APPLICANTS

- 1. Fill out Section A yourself. Answer all questions.
- 2. Section B requires the signature of the relative, if alive, on whose TWU membership your eligibility depends.
- 3. Section C should be filled out by either the TWU President or Secretary-Treasurer of the local union to which your parent belongs (brother or sister in case you are a dependent brother or sister of a TWU member).
- 4. Section D should be completed by the principal of your high school.
- 5. Once the entire application has been completed and signed, mail it to the Michael J. Quill Scholarship Fund at the address below.

 No fax or email applications will be accepted.

**This scholarship is available to current high schools seniors ONLY

APPLICATION MUST BE POSTMARKED NO LATER THAN MAY 1, 2023. NO EXCEPTIONS.

TRANSPORT WORKERS UNION OF AMERICA, AFL-CIO 1220 19th Street NW, Suite 600 Washington, DC 20036

SECTION A. Name: _____ Sex: Male \square Female \square (first) (middle) Home Address: (city or town) (street) (state) (zip) Telephone: _____ Email: _____ I submit that I am eligible for a Michael J. Quill Scholarship because I am the (state relationship here) of who resides at (city or town) (state) is employed by_____ (name) (address) and sponsors this application. If the relative on whose membership in TWU your eligibility depends is a former member, or is deceased, please give particulars here: What High School, or secondary school, are you attending?: (name) (address) (city or town) (state) (zip) Are you in your Senior year?______ If not, explain: _____ What College or University do you plan to attend? First Choice: _____ Location: _____ (city or town) Second Choice: ______ Location: ____ (city or town) (state) Third Choice: _____ Location: _____(city or town) (state) Have you been accepted by a College or University as of this date? Yes_____No____ If the answer is yes, in what college or University are you accepted: Do you fully intend to obtain a college education: Yes No If the answer is NO, explain:

I fully understand that if I am successful in winning a scholarship, its renewal for each succeeding year will depend on my successful completion of the regular course of studies in the preceding year as attested by the college.

I also fully understand and agree that this application will be governed by the Rules established by the Trustees of the Michael J. Quill Scholarship Fund and that in their interpretation and application and in any other issue that might arise as the result of this application, the decision of the Trustees will be final and binding.

Date Signature of Applicant

SECTION B:

SPONSOR'S STATEMENT

The relative, if alive on whose member ship or former membership in TWU your eligibility depends, should sign the following statement: _____, am the person named by the applicant in Section A as the TWU member on whose membership the applicant's eligibility depends, and I sponsor this application. Job Title Signature (and/or) TWU Membership Card No. Email **SECTION C:** (To be completed only by the President, or Secretary Treasurer of the TWU Local) is ☐ the son, or daughter, of who is a member in good standing of this Local. ☐ the dependent brother, or sister, age_____, of_____ who is a member in good standing of this Local. the son, or daughter, of _____ who at the time of his death, on _____ was a member of good standing of this Local. ☐ the son, or daughter, of______ because of age or disability and who at the time of his retirement was a member in good standing of this Local. I further certify that the signature of the applicant's sponsor is his, or her, true signature. Signature of Officer Title

Local Number and Address

SECTION D:	
·	is an applicant for one of the Michael en established by the Transport Workers Union of America, AFL-
an accredited college.	Union to pursue a regular four year course leading to a degree at
When is this applicant expected	to graduate from your school?(month and year)
In your judgment, can this application obtain a degree?	cant be reasonable expected to complete college studies and
If the answer is "No," please exp	olain:
Date	Signature
	Title (principal or corresponding officer)
	Name of School
	Address of School
	Telephone No.
MIC	n, when completed, should be mailed to: CHAEL J. QUILL SCHOLARSHIP FUND ort Workers Union of America, AFL-CIO
•	1220 19th Street NW, Suite 600 Washington, DC 20036
DO NOT WRITE	IN SPACE BELOW – FOR OFFICE USE ONLY
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