



## **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.

**DEADLINE: APRIL 28, 2026**

**TRANSPORT WORKERS UNION OF AMERICA, AFL-CIO  
LOCAL 252  
1377 MOTOR PARKWAY  
SUITE 200  
ISLANDIA, NEW YORK 11722  
[www.twulocal252.org](http://www.twulocal252.org)  
631-761-6907**

**SECTION A.**

Name: \_\_\_\_\_  
(last) (first) (middle)

Sex: Male  Female

Address: \_\_\_\_\_  
(street) (city or town) (state) (zip)

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

I submit that I am eligible for a TWU LOCAL 252 Scholarship because I am the  
\_\_\_\_\_ of \_\_\_\_\_ who resides at:  
(state relationship here) (member)

\_\_\_\_\_  
(street) (city or town) (state) (zip);

and is employed by:

\_\_\_\_\_  
(company name) (address)

and who 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) (state)

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:

\_\_\_\_\_  
(Signature of Applicant) (Date)

**SECTION B:**

**SPONSOR'S STATEMENT**

The relative, if alive on whose membership or former membership in TWU your eligibility depends, should sign the following statement:

I, \_\_\_\_\_, 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.

\_\_\_\_\_  
(Signature) (Job title)

\_\_\_\_\_  
(Email)

**This form, when completed, should be mailed to:**  
**TRANSPORT WORKERS UNION OF AMERICA, AFL-CIO**  
**LOCAL 252**  
**1377 Motor Parkway, Suite 200**  
**Islandia, New York 11722**