

**JOHN BECKLUND MEMORIAL SCHOLARSHIP**

**Application Form**

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(Please Print)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Check which applies:

Child/Stepchild of Teamsters Local No. 313 Member: \_\_\_\_\_

Child/ Stepchild of Teamsters Local No. 313 Retiree: \_\_\_\_\_

Grandchild of Teamsters Local No. 313 Member: \_\_\_\_\_

Grandchild of Teamsters Local No. 313 Retiree: \_\_\_\_\_

Name of Relation Selected Above: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Name of Institution to which you have applied or will be attending:

\_\_\_\_\_

School ID: \_\_\_\_\_

I certify that the above information is accurate and the attachments are complete to the best of my knowledge.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_