



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 applications sent via email or fax will be accepted.

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

**APPLICATION MUST BE POSTMARKED NO LATER THAN
MAY 5, 2025. NO EXCEPTIONS.**

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

SECTION A.

Name: _____ Sex: Male Female
(last) (first) (middle)

Home Address: _____
(street) (city or town) (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 _____;
(street) (city or town) (state) (zip)

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) (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:

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 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.

Job Title

Signature

Local

(and/or) TWU Membership Card No.

Email

SECTION C:

(To be completed only by the President, or Secretary Treasurer of the TWU Local)

your application will not be accepted if Section C is not signed

This is to verify that _____
(name of applicant)

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 _____
who retired from employment on _____ 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

