



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 must be filled out by either the 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  
APRIL 27, 2026. 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



\_\_\_\_\_ is an applicant for one of the Michael J. Quill Scholarships which have been established by the Transport Workers Union of America, AFL-CIO, to assist certain relatives of the Union to pursue a regular four year course leading to a degree at an accredited college.

**APPLICATION MUST BE POSTMARKED NO LATER THAN APRIL 27, 2026. NO EXCEPTIONS.**