

**TEAMSTERS LOCAL UNION NO. 727 LEGAL AND  
EDUCATIONAL ASSISTANCE FUND**

**APPLICATION FOR STUDENT LOAN ASSISTANCE BENEFITS**

---

NAME OF PLAN PARTICIPANT (MEMBER)

---

ADDRESS

CITY

STATE

ZIP CODE

---

PHONE NUMBER

DATE OF BIRTH

---

NAME OF COLLEGE OR UNIVERSITY ATTENDED

---

NAME OF EMPLOYER

I understand that I am responsible for providing all required documentation including an Official Transcript and a copy of my student loan statement. I also understand that the Fund Office must receive this application and all other required documentation by **NOVEMBER 1, 2024.**

---

PARTICIPANT'S SIGNATURE

DATE