

**TEAMSTERS LOCAL UNION NO. 727 LEGAL AND  
EDUCATIONAL ASSISTANCE FUND  
1300 WEST HIGGINS ROAD, SUITE 303  
PARK RIDGE, IL 60068  
(773) 685-0340**

**APPLICATION FOR EDUCATIONAL ASSISTANCE BENEFITS  
FOR THE 2024-25 SCHOOL YEAR**

**SECTION I**

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NAME OF PLAN PARTICIPANT (MEMBER)

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ADDRESS

CITY

STATE

ZIP CODE

---

PHONE NUMBER

---

DATE OF BIRTH

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NAME OF EMPLOYER

I understand that I am responsible for providing all required documentation including receipts for educational expenses and an Official Transcript for the courses completed during your school's academic year. The transcript(s) must be sent directly to the Fund Office by the college or university. I also understand that the Fund Office must receive this application and all other required documentation by **SEPTEMBER 2, 2025**.

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PARTICIPANT'S SIGNATURE

DATE

## SECTION II

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NAME OF STUDENT

---

ADDRESS

CITY

STATE

ZIP CODE

---

PHONE NUMBER

---

DATE OF BIRTH

---

NAME OF COLLEGE OR UNIVERSITY

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ADDRESS

CITY

STATE

ZIP CODE

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RELATIONSHIP TO PLAN PARTICIPANT

I understand that I am responsible for providing all required documentation including receipts for educational expenses and an Official Transcript for the courses completed during your school's academic year. **THE TRANSCRIPT(S) MUST BE SENT DIRECTLY TO THE FUND OFFICE BY THE COLLEGE OR UNIVERSITY.** I also understand that the Fund Office must receive this application and all other required documentation by **SEPTEMBER 2, 2025.**

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STUDENT'S SIGNATURE

DATE

## **SECTION III**

### **FINANCIAL AID CERTIFICATION**

The Educational Assistance program is designed to reimburse plan participants and their eligible dependents for out of pocket expenditures incurred in the pursuit of a college degree. As such, the Plan does not provide reimbursement for expenses that are covered by grants, scholarships, or other financial aid received from any source. Please report only those amounts that are applicable to the school term during your school's academic year.

The Plan requires that you provide the following information as a part of your application. Please note that this information must be provided in order for your application to be considered. If you have not received any financial aid, from any source, please report \$0 in the section below.

<b>TYPE OF AID RECEIVED RECEIVED</b>	<b>AMOUNT</b>
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SCHOLARSHIPS

\_\_\_\_\_

GRANTS

\_\_\_\_\_

OTHER AID

\_\_\_\_\_

TOTAL

\_\_\_\_\_

I/We certify that any and all financial assistance that is applicable to during your school's 2024-25 academic year is accurately and completely reported in the section above.

\_\_\_\_\_  
Plan Participant's Signature

\_\_\_\_\_  
Dependent's Signature (If applicable)