

**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 2025-26 SCHOOL YEAR**

SECTION I

NAME OF PLAN PARTICIPANT (MEMBER)

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

DATE OF BIRTH

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 1, 2026**.

PARTICIPANT'S SIGNATURE

DATE

SECTION II

NAME OF STUDENT

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

DATE OF BIRTH

NAME OF COLLEGE OR UNIVERSITY

ADDRESS

CITY

STATE

ZIP CODE

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 1, 2026.**

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.

TYPE OF AID RECEIVED	AMOUNT RECEIVED
SCHOLARSHIPS	_____
GRANTS	_____
OTHER AID	_____
TOTAL	_____

I/We certify that any and all financial assistance that is applicable to during your school's 2025-26 academic year is accurately and completely reported in the section above.

Plan Participant's Signature

Dependent's Signature (If applicable)