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 6, 2026.**

PARTICIPANT'S SIGNATURE DATE