

**APPLICATION FOR NABET-CWA SCHOLARSHIP AWARD
NABET-CWA, AFL-CIO**

(Print or type everything but signature)

NAME _____ **SEX** _____
(Last) (First) (Middle)

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

**NABET-CWA MEMBER
WHO IS YOUR PARENT** _____
(Last) (First) (Middle)

PARENT'S OCCUPATION _____ **EMPLOYED AT** _____
(Call Letters or Name)

DATE _____ **PHONE NO.** _____

SIGNATURE OF APPLICANT _____

**Applicant: RETURN TO THE LOCAL UNION OFFICE. PLEASE DO NOT WRITE
IN THE SPACE BELOW**

LOCAL PRESIDENT:

Complete this application and return it before February 12, 2018, to:

**SECTOR OFFICE IN WASHINGTON
NABET-CWA, AFL-CIO
Attn: Scholarships
501 Third St, NW, 6th Floor
Washington, DC 20001**

APPLICANT'S PARENT IS:

Retired Deceased, or Active Member in Good Standing

DATE _____ **LOCAL PRESIDENT** _____ **LOCAL NO.** _____

AUTHENTICATED BY _____ **DATE** _____