

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 15, 2019, 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 _____