

**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**

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**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, 6<sup>th</sup> Floor  
Washington, DC 20001**

**APPLICANT'S PARENT IS:**

Retired     Deceased, or     Active Member in Good Standing

**DATE** \_\_\_\_\_ **LOCAL PRESIDENT** \_\_\_\_\_ **LOCAL NO.** \_\_\_\_\_

**AUTHENTICATED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_