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, 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 _____________

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