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 16, 2022, to:

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 ______________

/kah
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