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 14, 2020, 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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