APPLICATION FOR THE NABET-CWA LOCAL 53
HAROLD C. INGELS
MEMORIAL SCHOLARSHIP AWARD

APPLICANTS MUST BE STUDENTS IN A HIGH SCHOOL CLASS GRADUATING IN 2013.

PLEASE PRINT OR TYPE EVERTHING BUT THE SIGNATURE.

NAME:_____
(LAST) (FIRST) (MIDDLE)

ADDRESS:_____
(Street & Number) (Apt.) (City & Zip Code)

PHONE:(___)_____(___)_____ SEX: M/F
(Residence) (Business)

SOCIAL SECURITY NUMBER:_____

* *

PARENT OF APPLICANT:_____
(LAST) (FIRST) (MIDDLE)

PARENT'S OCCUPATION:_____EMPLOYED BY:_____
(CALL LETTERS/NAME OF STATION)

* *

DATE:_____ _____
(Applicant's Signature)

* *

PLEASE RETURN THIS APPLICATION TO THE NABET-CWA LOCAL 53 OFFICE
1918 WEST BURBANK BOULEVARD
BURBANK, CALIFORNIA 91506

NOT LATER THAN APRIL 5, 2013

* *

tlj
opeiu-153
aflcioclc
Ingels-Application-13.doc