APPLICATION FOR THE NABET-CWA LOCAL 53 JOSEPH F. CHAMPA MEMORIAL SCHOLARSHIP AWARD

APPLICANTS MUST BE STUDENTS IN A HIGH SCHOOL CLASS GRADUATING IN 2014.

PLEASE PRINT OR TYPE EVERTH	IING BUT THE SIGNATU	RE.	
NAME:(LAST)			
(LAST)	(FIRST)	(M	IIDDLE)
ADDRESS:(Street & Number)			
(Street & Number)	(Apt.)	(City & Zi	p Code)
PHONE:() (Residence)	() (Business)	<u>SE</u>	EX: M/F
SOCIAL SECURITY NUMBER:			
* * * * * * * * * * * * * * * *	* * * * * * * * * * * *	* * * * * * * * *	* * * * * * * *
PARENT OF APPLICANT:(LAST)	(EID	RST)	(MIDDLE)
		EMPLOYED BY: (CALL LETTERS/NAME OF STATION)	
PARENTS E-MAIL :			
* * * * * * * * * * * * * * * *	* * * * * * * * * * *	******	* * * * * * * *
DATE:			
		(Applicant's Sign	ature)
* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * *	******	* * * * * * * *

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

NOT LATER THAN APRIL 11, 2014