

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

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

PLEASE PRINT OR TYPE EVERYTHING 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)

PARENTS OCCUPATION: _____ EMPLOYED BY: _____
(CALL LETTERS/NAME OF STATION)

PARENTS E-MAIL: _____

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 11, 2014
