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

## APPLICANTS MUST BE STUDENTS IN A HIGH SCHOOL CLASS GRADUATING IN 2017.

PLEASE PRINT OR TYPE EVERTHII	NG BUT THE SIGNATU	URE.		
NAME:				
NAME:(LAST)	(FIRST)		(MIDDLE)	
ADDRESS:				
ADDRESS:(Street & Number)	(Apt.)	(City	y & Zip Code)	
PHONE:()	( )		SEX: M/F	
(Residence)	(Business)			
SOCIAL SECURITY NUMBER:				
* * * * * * * * * * * * * * * * *	* * * * * * * * * *	* * * * * *	*********	
PARENT OF APPLICANT:				
(LAST)	(FII	RST)	(MIDDLE)	
PARENTS OCCUPATION:		EMPLOYE	D BY:	
		(CALL LETTERS/NAME OF STATION)		
PARENTS E-MIAL:		····		
* * * * * * * * * * * * * * * * * * *	* * * * * * * * * *	* * * * * *	: * * * * * * * * * * * *	
DATE:				
		(Applicant's Signature)		
* * * * * * * * * * * * * * * *	* * * * * * * * * *	* * * * * *	* * * * * * * * * * * *	
	LICATION TO THE NA EST BURBANK BOUL BANK, CALIFORNIA	EVARD	LOCAL 53 OFFICE	

**NOT LATER THAN APRIL 10, 2017**