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

## APPLICANTS MUST BE STUDENTS IN A HIGH SCHOOL CLASS GRADUATING IN 2019.

PLEASE PRINT OR TYPE EVERTHI	NG BUT THE SIGNATU	JRE.		
NAME.				
NAME:(LAST)	(FIRST)	(MI	(MIDDLE)	
ADDRESS:				
ADDRESS:(Street & Number)	(Apt.)	(City & Zip	Code)	
PHONE:()(Residence)	(Business)	SEX	<u>K: M/F</u>	
SOCIAL SECURITY NUMBER:				
* * * * * * * * * * * * * * * * *	: * * * * * * * * *	* * * * * * * * *	* * * * * * *	
PARENT OF APPLICANT:	(DIV	D (T)	(MIDDLE)	
(LAST)	(111)	RST)	(MIDDLE)	
PARENTS OCCUPATION:		EMPLOYED BY: (CALL LETTERS/NAME OF STATION)		
PARENTS E-MAIL :				
* * * * * * * * * * * * * * * * *	: * * * * * * * * *	* * * * * * * * *	* * * * * * * *	
DATE:				
		(Applicant's Signa	ture)	
* * * * * * * * * * * * * * * * * * * *	*****	* * * * * * * *	* * * * * * * *	
PLEASE RETURN THIS APF	PLICATION TO THE NA WEST BURBANK BOUL		53 OFFICE	

NOT LATER THAN APRIL 5, 2019

BURBANK, CALIFORNIA 91506