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

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

PLEASE PRINT OR TYPE EVERTH	ING BUT THE SIGNATU	<u>RE.</u>		
NAME:				
NAME:(LAST)	(FIRST)	(MI)	DDLE)	
ADDRESS:(Street & Number)				
(Street & Number)	nber) (Apt.) (City & Zip Code)		Code)	
PHONE:() (Residence)	( ) (Business)	SEX	K: M/F	
SOCIAL SECURITY NUMBER:	,			
* * * * * * * * * * * * * * *	* * * * * * * * * * * *	* * * * * * * *	* * * * * * * *	
PARENT OF APPLICANT:				
(LAST)	(FIR	ST)	(MIDDLE)	
PARENTS OCCUPATION:		EMPLOYED BY:		
		(CALL LETTERS/NAI	ME OF STATION)	
PARENTS E-MIAL:				
* * * * * * * * * * * * * * *	* * * * * * * * * * *	******	* * * * * * * *	
DATE:				
		(Applicant's Signature)		
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PLEASE RETURN THIS AP	PLICATION TO THE NAI	BET-CWA LOCAL	53 OFFICE	

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

NOT LATER THAN APRIL 5, 2019