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

## APPLICANTS MUST BE STUDENTS IN A HIGH SCHOOL CLASS GRADUATING IN 2020.

PLEASE PRINT OR TYPE EVERTHI	NG BUT THE SIGNATU	JRE.		
NAME:				
(LAST)	(FIRST)	(MII	DDLE)	
ADDRESS:				
(Street & Number)	(Apt.)	(City & Zip Code)		
PHONE:()		SEX	: <u>M/F</u>	
(Residence)	(Business)			
SOCIAL SECURITY NUMBER:				
* * * * * * * * * * * * * * * * * * *	: * * * * * * * * * * *	* * * * * * * * *	* * * * * * * *	
PARENT OF APPLICANT:				
(LAST)	(FIF	RST)	(MIDDLE)	
PARENTS OCCUPATION:		EMPLOYED BY:		
		(CALL LETTERS/NAI	ME OF STATION)	
PARENTS E-MAIL :				
* * * * * * * * * * * * * * * *	* * * * * * * * * * * *	* * * * * * * * *	* * * * * * *	
DATE:				
		(Applicant's Signature)		
* * * * * * * * * * * * * * *	*****	* * * * * * * * *	* * * * * * * *	

1918 WEST BURBANK BOULEVARD BURBANK, CALIFORNIA 91506

**NOT LATER THAN APRIL 3, 2020** 

PLEASE RETURN THIS APPLICATION TO THE NABET-CWA LOCAL 53 OFFICE