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

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

(LAST)	(FIRST)	(MID	DDLE)	
ADDRESS:				
(Street & Number)	(Apt.)	(City & Zip C	(City & Zip Code)	
PHONE:()	()	SEX:	: M/F	
(Residence)	(Business)			
SOCIAL SECURITY NUMBER:				
* * * * * * * * * * * * * * * *	* * * * * * * * * * *	******	* * * * * * *	
PARENT OF APPLICANT:				
(LAST)	(FIR	ST)	(MIDDLE)	
PARENTS OCCUPATION:	EMPLOYED BY:			
		(CALL LETTERS/NAM	IE OF STATION)	
PARENTS E-MIAL:			· · · · · · · · · · · · · · · · · · ·	
* * * * * * * * * * * * * * * * *	* * * * * * * * * *	* * * * * * * *	* * * * * * *	
DATE:				

BURBANK, CALIFORNIA 91506

NOT LATER THAN APRIL 3, 2020

1918 WEST BURBANK BOULEVARD