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

APPLICANTS MUST BE STUDENTS IN A HIGH SCHOOL CLASS GRADUATING IN 2022.

PLEASE PRINT OR TYPE EVERTE	IING BUT THE SIGNATUR	<u>₹E.</u>		
NAME:				
NAME:(LAST)	(FIRST)	(MIDE	DLE)	
ADDRESS:				
(Street & Number)	(Apt.)	(City & Zip Co	ode)	
PHONE:() (Residence)	() (Business)	SEX:	M/F	
SOCIAL SECURITY NUMBER:				
* * * * * * * * * * * * * * * * * * *			* * * * * * * * (MIDDLE)	
` ,	`	,	,	
PARENTS OCCUPATION:	I	EMPLOYED BY: (CALL LETTERS/NAME OF STATION)		
PARENTS E-MIAL:				
* * * * * * * * * * * * * * * *	* * * * * * * * * * *	*****	* * * * * *	
DATE:				
	((Applicant's Signature)		
* * * * * * * * * * * * * * *	* * * * * * * * * * *	* * * * * * * * * *	* * * * * * *	
	PLICATION TO THE NAB WEST BURBANK BOULE JRBANK, CALIFORNIA 91	VARD	OFFICE	

NOT LATER THAN APRIL 8, 2022