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

## APPLICANTS MUST BE STUDENTS IN A HIGH SCHOOL CLASS GRADUATING IN 2023.

PLEASE PRINT OR TYPE EVERTHII	NG BUT THE SIGNATUR	<u>₹E.</u>	
NAME:			
(LAST)	(FIRST)	(MIDDLE)	
ADDRESS:			
(Street & Number)	(Apt.)	(City & Zip Code)	
PHONE:()		SEX: M/	<u>/F</u>
(Residence)	(Business)		
SOCIAL SECURITY NUMBER:			
* * * * * * * * * * * * * * * * * *	* * * * * * * * * * *	* * * * * * * * * * * *	* * * *
PARENT OF APPLICANT:			
(LAST)		ST) (MII	DDLE)
PARENTS OCCUPATION:	EMPLOYED BY:		
	(	(CALL LETTERS/NAME OF ST	(ATION)
PARENTS E-MIAL:			
* * * * * * * * * * * * * * * *	* * * * * * * * * * *	* * * * * * * * * * * *	* * * *
DATE:			
		(Applicant's Signature)	
* * * * * * * * * * * * * * * * * *	* * * * * * * * * *	* * * * * * * * * * *	* * * *
PLEASE RETURN THIS APPI	LICATION TO THE NAB	ET-CWA LOCAL 53 OFFIC	CE
1918 W	EST BURBANK BOULE	VARD	

BURBANK, CALIFORNIA 91506

**NOT LATER THAN APRIL 10, 2023** 

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