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

APPLICANTS MUST BE STUDENTS IN A HIGH SCHOOL CLASS GRADUATING IN 2024.

PLEASE PRINT OR TYPE EVERTHI	NG BUT THE SIGNATU	I <u>RE.</u>		
NAME:				
(LAST)	(FIRST)	(MID	(MIDDLE)	
ADDRESS:				
(Street & Number)	(Apt.)	(City & Zip Code)		
PHONE:()	()	SEX	M/F	
(Residence)	(Business)	3331.	11111	
SOCIAL SECURITY NUMBER:				
* * * * * * * * * * * * * * * * * * *	: * * * * * * * * * * *	*******	: * * * * * *	
PARENT OF APPLICANT: (LAST)	(FIR	(T)	(MIDDLE)	
(LAG1)	(1110	.51)	(WIIDDLE)	
PARENTS OCCUPATION:		EMPLOYED BY:		
		(CALL LETTERS/NAM	IE OF STATION)	
PARENTS E-MAIL :				
* * * * * * * * * * * * * * * *	*****	******	****	
DATE:				
DATE.		(Applicant's Signature)		
* * * * * * * * * * * * * * * *	* * * * * * * * * * *	: * * * * * * * *	* * * * * * *	
PLEASE RETURN THIS APP	LICATION TO THE NAP	BET-CWA LOCAL 5	3 OFFICE	

NOT LATER THAN APRIL 5, 2024

1918 WEST BURBANK BOULEVARD BURBANK, CALIFORNIA 91506

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