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

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

## PLEASE PRINT OR TYPE EVERTHING BUT THE SIGNATURE. NAME:\_\_\_\_ (LAST) (FIRST) (MIDDLE) ADDRESS:\_\_\_ (Street & Number) (City & Zip Code) (Apt.) PHONE:( ) SEX: M/F (Residence) (Business) SOCIAL SECURITY NUMBER: PARENT OF APPLICANT:\_\_ (FIRST) (LAST) (MIDDLE) PARENTS OCCUPATION: \_\_\_\_\_EMPLOYED BY: \_\_\_\_ (CALL LETTERS/NAME OF STATION) PARENTS E-MIAL: DATE:\_\_\_\_\_ (Applicant's Signature) PLEASE RETURN THIS APPLICATION TO THE NABET-CWA LOCAL 53 OFFICE 1918 WEST BURBANK BOULEVARD

**NOT LATER THAN APRIL 5, 2024** 

**BURBANK, CALIFORNIA 91506**