APPLICATION FOR NABET-CWA SCHOLARSHIP AWARD
NABET-CWA, AFL-CIO

(Print or type everything but signature)

NAME ___________________________ SEX ____________
(Last) (First) (Middle)

ADDRESS ______________________________________
(Number & Street) (City) (State) (Zip Code)

NABET-CWA MEMBER
WHO IS YOUR PARENT ____________________________
(Last) (First) (Middle)

PARENT’S OCCUPATION ________________ EMPLOYED AT ________________
(Call Letters or Name)

DATE __________________ PHONE NO. ______________________

SIGNATURE OF APPLICANT _______________________________

Applicant: RETURN TO THE LOCAL UNION OFFICE. PLEASE DO NOT WRITE IN THE SPACE BELOW
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LOCAL PRESIDENT:

Complete this application and return it before February 16, 2022, to:

NABET-CWA, AFL-CIO
Attn: Scholarships
501 Third St, NW, 6th Floor
Washington, DC 20001

APPLICANT’S PARENT IS:
( ) Retired ( ) Deceased, or ( ) Active Member in Good Standing

DATE ___________ LOCAL PRESIDENT ________________ LOCAL NO. __

AUTHENTICATED BY ___________________________ DATE ____________

/kah
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