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

APPLICANTS MUST BE STUDENTS IN A HIGH SCHOOL CLASS GRADUATING IN 2015.

PLEASE PRINT OR TYPE EVERTHI	NG BUT THE SIGNATU	JRE.		
NAME:				
(LAST)	(FIRST)		(MIDDLE)	
ADDRESS: (Street & Number)	(A)	(C', 0	7' (1)	
(Street & Number)	(Apt.)	(City & .	Zip Code)	
PHONE:()	()		SEX: M/F	
(Residence)	(Business)	-		
SOCIAL SECURITY NUMBER:				
* * * * * * * * * * * * * * * * * *	******	* * * * * * * *	* * * * * * * * *	
PARENT OF APPLICANT:				
(LAST)	(FIF	RST)	(MIDDLE)	
PARENTS OCCUPATION:	EMPLOYED BY:			
		(CALL LETTERS/NAME OF STATION)		
PARENTS E-MIAL:				
* * * * * * * * * * * * * * * * * * * *	*******	* * * * * * * * *	* * * * * * * * *	
DATE:				
		(Applicant's Sig	gnature)	
* * * * * * * * * * * * * * * * * *	*******	* * * * * * * *	******	
PLEASE RETURN THIS APP	LICATION TO THE NA	BET-CWA LOC	AL 53 OFFICE	

PLEASE RETURN THIS APPLICATION TO THE NABET-CWA LOCAL 53 OFFICE 1918 WEST BURBANK BOULEVARD BURBANK, CALIFORNIA 91506

NOT LATER THAN APRIL 6, 2015