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

APPLICANTS MUST BE STUDENTS IN A HIGH SCHOOL CLASS GRADUATING IN 2016.

PLEASE PRINT OR TYPE EVERTHI	NG BUT THE SIGNAT	<u>ure.</u>		
NAME:(LAST)			(IDDI E)	
(LAST)	(FIRST)	1)	MIDDLE)	
ADDRESS:(Street & Number)				
(Street & Number)	(Apt.)	(City & Z	(City & Zip Code)	
PHONE:()	()	<u>S</u>	EX: M/F	
(Residence)	(Business)			
SOCIAL SECURITY NUMBER:				
* * * * * * * * * * * * * * * * * * * *	: * * * * * * * * *	* * * * * * * *	* * * * * * * * *	
PARENT OF APPLICANT:				
(LAST)	(F	IRST)	(MIDDLE)	
PARENTS OCCUPATION:	EMPLOYED BY:			
		(CALL LETTERS/	NAME OF STATION)	
PARENTS E-MAIL :				
* * * * * * * * * * * * * * * * * *	: * * * * * * * * *	: * * * * * * * *	: * * * * * * * *	
DATE:		(Applicant's Sig	motura)	
		(Applicant's 51g	gnature)	
* * * * * * * * * * * * * * * * * * * *	********	: * * * * * * * *	******	
PLEASE RETURN THIS APP	LICATION TO THE N	ABET-CWA LOC	AL 53 OFFICE	

1918 WEST BURBANK BOULEVARD BURBANK, CALIFORNIA 91506

NOT LATER THAN APRIL 11, 2016