

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

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

PLEASE PRINT OR TYPE EVERTHING BUT THE SIGNATURE.

NAME: _____

(LAST)
(FIRST)
(MIDDLE)

ADDRESS: _____

(Street & Number)
(Apt.)
(City & Zip Code)

PHONE:() _____ () _____ SEX: M/F

(Residence)
(Business)

SOCIAL SECURITY NUMBER: _____

PARENT OF APPLICANT: _____

(LAST)
(FIRST)
(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
 BURBANK, CALIFORNIA 91506

NOT LATER THAN APRIL 11, 2016
