



CWA Local 3112

Scholarship Fund Application

SECTION "A"

(To be completed by applicant - Print Clearly.)

Name of Applicant: _____ (Last) (First) (M.I.)

Home Address: _____ (Street) (State) (Zip)

Sex: M ___ F ___ Date of Birth: ___ / ___ / ___ Social Sec. #: _____

Which College or University has applicant been accepted to? (College or University "acceptance" Letter/Form must be attached to scholarship application when submitted.) (Name, Address, Phone # of College or University. If you win, Local will be making payment directly to the college.)

APPLICANT'S RELATIONSHIP TO CWA LOCAL 3112 MEMBER

SELF ___ SPOUSE ___ DAUGHTER ___ SON ___ STEP-SON ___ STEP-DAUGHTER ___ LEGAL DEPENDENT ___ GRANDCHILD ___

NAME OF CWA MEMBER: _____ (Last) (First) (M.I.)

MEMBER'S HOME ADDRESS: _____ (Street) (State) (Zip)

MEMBER'S PHONE NUMBER: _____ MEMBER'S CELL: _____

MEMBER'S JOB TITLE: _____ MEMBER'S S.S. #: _____

If selected for this Scholarship, I fully agree to adhere to the rules that have been established by CWA local 3112 Scholarship Fund Committee.

Signature of Applicant: _____ Date: ___ / ___ / ___

SECTION "B"

(To be completed by Local Executive Board Member)

This is to certify that _____ is: (Name of Applicant)

- ___ An Active Member of CWA Local 3112 (dues paying member)
___ The Son or Daughter of CWA Local 3112 Active Member (dues paying member)
___ The Spouse of CWA Local 3112 Active Member (dues paying member)
___ The Stepchild or Legal Dependent of a CWA Local 3112 Active Member (dues paying member)

(Signature of Executive Board Member)

(Title)