

MEMORIAL SCHOLARSHIP

APPLICATION TO ANY ACCREDITED SCHOOL

PLEASE TYPE OR PRINT CLEARLY

SECTION A (To be completed by applicant) TELE # _____

Name of Applicant _____
(First) (M.I.) (Last) (Sex M or F)

Home Address _____
(Street)

(City) (State) (Zip)

Applicant's Social Security Number: (last 4 digits) _____

Name of CWA Member _____
(First) (M.I.) (Last)

Relationship to Applicant: Mother _____
Father _____
Self _____

Member's Social Security Number: (last 4 digits) _____

Have you been accepted by the University? Yes ___ No ___

If selected for this scholarship, I fully agree to adhere to the rules that have been established by the Scholarship Committee of the Local Union.

Signature of Applicant: _____ Date: _____

SECTION B (To be completed by the Local Secretary or Scholarship Committee Member)

This is to certify that: _____ is:
(MEMBER'S NAME)

- _____ A member of CWA
- _____ The son or daughter of a CWA member
- _____ The son or daughter of a deceased CWA member

Signature of Local Secretary or Scholarship Committee Member:

_____ Date _____

When completed, **mail or fax** to: **DO NOT SEND THROUGH COMPANY MAIL**

Secretary-Treasurer
CWA Local 4302
2650 S. Arlington Rd.
Akron, Ohio 44319-2050

FAX : (330) 645-4308