

**UNIVERSITY OF AKRON SCHOLARSHIP**  
**APPLICATION FOR U Of A ONLY**

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**