

Application for 2017 Local 1104 Scholarship Award

Section A:

Name of Applicant _____
Last First Middle

Home Address _____
Street City State Zip

Date of Birth _____ Social Security Number _____
Day Month Year

Sex: Male Female Phone Number _____

Name of Sponsoring Local 1104 Member _____

Home Address of Member _____
Street City State Zip

Work Location of Member _____
Street City State Zip

Your relationship to sponsoring Local 1104 Member _____

Is the sponsoring member in good standing? Yes No Retired: Yes No Deceased: Yes No

If the answer to the second or third part of the above question is yes, indicate the date of retirement or death _____

Are you attending, or have you been accepted by, an accredited college or university? Yes No

You must attach a letter of acceptance or other documentary proof with this application, showing acceptance or attendance at an accredited college or university.

Do you fully intend to obtain a college degree? Yes No

If the answer is no, please explain: _____

If selected for this scholarship award, I fully agree to adhere to the rules and decisions that are made by the Local 1104 Scholarship Fund Committee

Signature of Applicant

Date

Section B (to be filled out by CWA Local 1104 Officer):

This is to certify that _____ is:

- An active member of CWA Local 1104
- The spouse or child of an active member of CWA Local 1104;
- A retired member of CWA Local 1104;
- The spouse, child, or grandchild of a retired or deceased member of CWA Local 1104.

Signature of Local Officer

Title

Date