APPLICATION FOR NABET-CWA SCHOLARSHIP AWARD
NABET-CWA, AFL-CIO

(Print or type everything but signature)

NAME ________________________ SEX ___________
(Last) (First) (Middle)

ADDRESS ____________________________________
(Number & Street) (City) (State) (Zip Code)

NABET-CWA MEMBER
WHO IS YOUR PARENT _______________________
(Last) (First) (Middle)

PARENT’S OCCUPATION __________________ EMPLOYED AT __________________
(Call Letters or Name)

DATE ______________ PHONE NO. __________________

SIGNATURE OF APPLICANT ____________________________

Applicant: RETURN TO THE LOCAL UNION OFFICE. PLEASE DO NOT WRITE IN THE SPACE BELOW

***********************************************************************************************

LOCAL PRESIDENT:

Complete this application and return it before February 17, 2023, to:

NABET-CWA, AFL-CIO
Attn: Scholarships
501 Third St, NW, 6th Floor
Washington, DC 20001

APPLICANT’S PARENT IS:
( ) Retired ( ) Deceased, or ( ) Active Member in Good Standing

DATE __________ LOCAL PRESIDENT _________________ LOCAL NO. ___

AUTHENTICATED BY ________________________ DATE ____________

/kah
opeiu2afl-cio