

DATE: December 03, 2024

TO: NABET-CWA Local Presidents

FROM: Ronald J. Gabalski Chief of Staff Assistant to the President

SUBJECT: NABET-CWA Memorial Scholarship Awards

Once again it is time to begin the selection process for the six (6) NABET-CWA Memorial Scholarship Awards. Please make this scholarship award opportunity available and known to the members of your Local and encourage participation.

- 1. The scholarship program is open to all active members in good standing, active retirees, and their children who are either in, or about to enter, an accredited college or trade school. Any applicants who are in high school must be graduating in <u>2025</u>.
- 2. The award is a one-time \$1000.00 payment to the school designated by the winner which can go towards tuition or other expenses.
- 3. There are two parts to the application process. The first is an application of interest. Second, once we have received that application and the member has been verified to be in good standing, the applicant will receive the second application, which will require an essay and information about the applicant.

Should you need additional applications, they are available from this office, or you may duplicate one of those sent to you.

The return date for the first application is <u>February 18, 2025</u>. The return date for the second application is <u>April 28, 2025</u>. The Local President must verify all first applications, in the space provided before mailing to the Sector Office at NABET-CWA, 501 Third Street NW, 6<sup>th</sup> Floor, Washington, DC 20001.

## Enclosure

cc: NABET-CWA Local Officers NABET-CWA Sector Executive Council NABET-CWA Staff

RJG:nsj opeiu2afl-cio

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

(Print or type everything but signature)

NAME				SEX	SEX	
	(Last)	(First)	(Middle)			
ADDRESS			(City)			
(Number & Street)		& Street)	(City)	(State)	(Zip Code)	
	WA MEMBE					
WHO IS Y	OUR PAREN	NT			\	
			(Last)	(First)	(Middle)	
PARENT'	S OCCUPAT	ION	E	MPLOYED AT		
				(0	Call Letters or Name)	
DATE			PHONE NO.			
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SIGNATU	KE OF APPL	ICANI				
Applicant	t: RETURN	N TO THE	LOCAL UNION (	OFFICE. PLEA	ASE DO NOT WRITH	
			THE SPACE BE			
*******	*****	********	**************	******	*****	
LOCAL P	<b>RESIDENT:</b>					
	Complete thi	s applicatio	on and return it be	fore February	18, 2025, to:	
		N	ABET-CWA, AFL	-CIO		
			Attn: Scholarshi			
		501	Third St, NW, 6th			
		١	Vashington, DC 20	0001		
APPLICA	NT'S PAREN	T IS:				
			or () Active <b>N</b>	Member in Goo	od Standing	
DATE	L	OCAL PRI	ESIDENT		LOCAL NO	
AUTHENTICATED BY				DATE		

/nsj opeiu2afl-cio