

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**

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**LOCAL PRESIDENT:**

Complete this application and return it before February 16, 2024, to:

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

**APPLICANT'S PARENT IS:**

( ) Retired ( ) Deceased, or ( ) Active Member in Good Standing

DATE \_\_\_\_\_ LOCAL PRESIDENT \_\_\_\_\_ LOCAL NO. \_\_\_\_\_

AUTHENTICATED BY \_\_\_\_\_ DATE \_\_\_\_\_