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

(Print or type everything but signature)

NAME				SEX	SEX	
	(Last)	(First)	(Middle)			
ADDRESS						
ADDRESS (Number & Street)		(City)	(State)	(Zip Code)		
	WA MEMBE					
WHO IS Y	OUR PAREN	TI				
			(Last)	(First)	(Middle)	
PARENT'	S OCCUPAT	ION	E	MPLOYED AT		
				(0	Call Letters or Name)	
DATE			PHONE NO.			
SIGNATU	RE OF APPL	ICANT				
Applicant	: RETURN				ASE DO NOT WRITH	
			THE SPACE BE			
******	***********	********	*****************	**********	*****	
LOCAL P	<b>RESIDENT:</b>					
	Complete thi	s applicatio	on and return it be	fore February	16, 2022, to:	
		N	ABET-CWA, AFL	-CIO		
			Attn: Scholarshi			
		501	l Third St, NW, 6 <sup>th</sup>	- Floor		
		V	Washington, DC 20	)001		
	NT'S PAREN Retired ( )		or () Active I	Member in Goo	d Standing	
().		Deceased,			u Junung	
DATE	L	OCAL PRI	ESIDENT		LOCAL NO	
AUTHENTICATED BY				DATE		

/kah opeiu2afl-cio