

# COMMUNICATIONS WORKERS OF AMERICA, LOCAL 4100 APPLICATION MEMORIAL SCHOLARSHIP

Neither the Committee nor the Local and its officers shall be liable for any action taken or omitted by them in good faith.

**PLEASE PRINT-TO BE FILLED OUT BY APPLICANT:**

APPLICANT: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

HOME ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SOC. SEC. \_\_\_\_\_

**PLEASE CHECK ONE:**

ARE YOU  ATTENDING  BEEN ACCEPTED

TO AN ACCREDITED INSTITUTE OF HIGHER LEARNING.

NAME OF INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP)

**PLEASE CHECK ONE: DO YOU INTEND TO OBTAIN A COLLEGE DEGREE?**

YES  NO

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## SPONSOR INFORMATION

NAME OF SPONSORING LOCAL 4100 MEMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP)

PHONE NUMBER: \_\_\_\_\_ SOC. SEC. \_\_\_\_\_

YOUR RELATIONSHIP TO APPLICANT: \_\_\_\_\_

**PLEASE CHECK ONE: IS THE SPONSORING MEMBER:**

A. RETIRED

B. ACTIVE

C. DECEASED

If selected for this Scholarship award, I fully agree to adhere to the rules and decisions that are made by the Local 4100 Scholarship Committee. I also realize I will be disqualified if any of my applications are found to be false.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

REVISED 11/14/97

