

LOCAL



Local 1101, CWA

275 Seventh Avenue (17th Floor) New York, NY 10001
Bronx Field Office: 1703 Castle Hill Avenue, Bronx, NY 10462
(212) 633-2666 FAX: (212) 633-8337



Scholarship Application

Please **PRINT** All Information

NAME: _____ Social Security: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Sex: ___M___F Applicant Telephone #: _____

Sponsoring Member: _____ Relation: _____

Sponsor SS#: _____ Sponsor Tel. #: _____

Member's Company: _____ Work Location: _____

Business Agent/Vice-President: _____

Sponsoring Member is: ___ Active___ Retired ___ Deceased

Are you attending, or have you been accepted to an accredited college or university: _____

Name of School: _____ Address: _____

School Town: _____ School Zip: _____

(ATTACH A LETTER OF ACCEPTANCE OR OTHER PROOF OF ATTENDANCE)

If selected I fully intend to comply with the rules and decision of the Local 1101, CWA Scholarship Committee.

Signed: _____ Date: ___/___/___