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JODIL FABRIZIO-CLONTZ
Assistant to the President

DATE: November 3, 2017
TO: NABET-CWA Local Presidents
FROM: Jodi Fabrizio-Clontz
Assistant to the President
SUBJECT: NABET-CWA Memorial Scholarship Awards

Once again it is time to begin the selection procedures for the NABET-CWA Memorial Scholarship Awards. Please make it known to the members of your Local that the award is available, and encourage participation.

1. The scholarship is open to sons and daughters of active, retired, or deceased members.
2. Applicants must be students in a high school class graduating in **2018**.
3. The award supplies \$750.00 yearly for four years as a partial payment of tuition or other expenses to the school designated by the winner.
4. Winners must maintain at least a C+ average, or equivalent, during their four years in college and must attend full time.

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 preliminary applications is February 12, 2018. All applications must be verified by the Local President, in the space provided before mailing to the Sector Office at NABET-CWA, 501 Third Street NW, 6th Floor, Washington, DC 20001.

JLFC:kah
opeiu2afl-cio

Enclosure

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

**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**

LOCAL PRESIDENT:

Complete this application and return it before February 12, 2018, to:

**SECTOR OFFICE IN WASHINGTON
NABET-CWA, AFL-CIO
Attn: Scholarships
501 Third St, NW, 6th Floor
Washington, DC 20001**

APPLICANT'S PARENT IS:

Retired Deceased, or Active Member in Good Standing

DATE _____ **LOCAL PRESIDENT** _____ **LOCAL NO.** _____

AUTHENTICATED BY _____ **DATE** _____