

APPLICATION

CWA LOCAL 6201

AB ADAMS MEMORIAL SCHOLARSHIP

For high schools seniors or recent graduates who are dependents or grandchildren of a member of

CWA LOCAL 6201

Applicant's name _____

Street address _____ City _____ Zip _____

Phone () _____

High School _____ Address _____

City _____ Zip _____ Phone () _____ Graduation date _____

School reference (counselor, dean, etc) Name _____ Phone _____

Name of parent who is a member of CWA Local 6201:

_____ Address _____

Phone () _____ Title _____

Other parent _____ Address _____

Phone () _____ Occupation _____

Is this parent a union member? __yes__no. If yes give name, number, address and phone number of local union: _____

Other family members dependent on your parents for support (give ages)

Special circumstances (describe any hardships created by health problems, etc.)

What extracurricular activities do you participate in? _____

Are you working at present? __yes__no Type of work _____

Reference at work (name) _____ (phone) () _____

What kind of work do you plan to prepare for? _____

What school do you hope to attend? _____

(YOU MAY ALSO USE OTHERSIDE FOR ADDITIONAL INFORMATION)

Signature of applicant _____ Date _____

Member's signature _____ Date _____