

APPLICATION
HAROLD MINCEY SCHOLARSHIP FUND
SECTION A: (TO BE COMPLETED BY APPLICANT)

Name _____ Sex _____
(Last) (First) (Middle) (F/M)
Address _____

Social Security No. _____ Home Phone (____) _____

CWA Member name _____ Occupation _____

CWA Member address _____

SECTION B: (TO BE COMPLETED BY CWA LOCAL UNION OFFICIAL)

This is to certify that _____ is:
(Name of scholarship applicant)

_____ A member of CWA Local _____ located in _____
(City)

_____ The child or dependent (spouse not eligible) of a member of CWA.

_____ The child of a deceased member of CWA.

SECTION C: (TO BE COMPLETED BY LOCAL PRESIDENT OR SECRETARY)

Signature _____ Title _____ Local # _____

NOTE TO ALL APPLICANTS

A son, daughter or dependent (spouse not eligible) must live in the same household or have at least 50% of their support provided by a CWA member. Applications must be submitted between January 1 and March 31 of each year to be eligible for the drawing held in May of each year. All applications must be accompanied by a 500 word essay on "Unionism".

Mail application to:
CWA/ Harold Mincey Scholarship Fund
3516 Covington Highway
Decatur, GA 30032