



Are you attending or have you been accepted to an accredited college or university as a Full Time Student?

(Circle one) YES or NO

Name of College or University: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Street City State Zip Code

Do you fully intend to obtain a college degree? (Circle one) Yes or No

**Affirmation**

If selected for this scholarship award, I fully agree to adhere to the rules and decisions made by the Scholarship Fund Committee.

\_\_\_\_\_  
Signature of Applicant Date: \_\_\_\_\_

**Section B – to be completed by the Sponsoring CWA Local**

I certify that \_\_\_\_\_ is:  
Name of Applicant

\_\_\_\_\_ A Member of CWA Local \_\_\_\_\_

\_\_\_\_\_ The child, grandchild or spouse of a current Member of CWA Local \_\_\_\_\_

\_\_\_\_\_ The child, grandchild, spouse of a retired Member of CWA Local \_\_\_\_\_

\_\_\_\_\_ The child, grandchild or spouse of a deceased Member of CWA Local \_\_\_\_\_

Signature & Title of sponsoring local officer: \_\_\_\_\_

CWA Local: \_\_\_\_\_ Date: \_\_\_\_\_

Application must be received by the WNY Council of the CWA on or before November 20, 2018

**Section C – to be completed by Mays scholarship Fund Committee Member**

\_\_\_\_\_  
Signature if Council Scholarship Fund Committee Member Date: \_\_\_\_\_