Dear NABET-CWA Local 31 Members;

If you have a high school senior in the family, NABET-CWA Local 31 wants to make you aware of the opportunity to apply for scholarship awards for college! Please see the documents attached to this email and the information below.

Fraternally,

Rich McDermott
President NABET-CWA Local 31

NABET-CWA Memorial Scholarship Awards

It is time to begin selection procedures for the NABET-CWA Scholarship Awards. If you have a High School Senior who is planning to go to college and will graduate in 2014 I encourage you to participate in this program.

To access the application on line please visit:

http://www.nabetcwa.org/news/entry/nabet-cwamemorialscholarshipawardsfirstapplication

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 2014.
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 the NABET-CWA Sector office:

501 Third St., NW, 6th Floor, Washington DC 2001-2797  202-434-1254

The return date for the preliminary applications is March 21, 2014. All applicants must be verified by the Local 31 President, in the space provided, before mailing the application to the Sector Office.

/mw
opelui153aff-cio
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

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LOCAL PRESIDENT:

Complete this application and return it before March 21, 2014, to:

SECTOR OFFICE IN WASHINGTON

APPLICANT'S PARENT IS:
    ( ) Retired     ( ) Deceased, or     ( ) Active Member in Good Standing

DATE _______   LOCAL PRESIDENT _____________   LOCAL NO. ___

AUTHENTICATED BY ________________________   DATE ___________