

LOCAL



**CWA Local 1101**

350 West 31<sup>st</sup> Street (2<sup>nd</sup> Floor) New York, NY 10001  
(212) 633-2666 FAX: (212) 633-8337  
1703 Castle Hill Ave. Bronx, N.Y. 10462  
(718) 823-7330 FAX: (718) 824-1457



## 1101 Scholarship Application

Keith Purce, Trustee      Kevin Condry, Trustee

Please PRINT All Information

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: \_\_\_\_M \_\_\_\_F      Applicant telephone #: \_\_\_\_\_

Sponsoring Member \_\_\_\_\_ Relation \_\_\_\_\_

Sponsor SS# \_\_\_\_\_ Sponsor tel # \_\_\_\_\_

Member's company \_\_\_\_\_ Work location \_\_\_\_\_

Business Agent/Vice President \_\_\_\_\_

Sponsoring member is \_\_\_\_Active \_\_\_\_Retired \_\_\_\_Deceased

Are you attending, or have you been accepted to an accredited college or university? \_\_\_\_\_

Name of school \_\_\_\_\_

School town \_\_\_\_\_ School Zip \_\_\_\_\_

(ATTACH A LETTER OF ACCEPTANCE OR OTHER PROOF OF ATTENDANCE.)

If selected I fully intend to comply with the rules and decision of the Local 1101, CWA Scholarship Committee.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_