

PLEASE TYPE OR PRINT CLEARLY

2024 CWA Local 3603 Scholarship Application

SECTION A (To be completed by applicant)

Name of Applicant: _____ Sex: M ___ F ___

Home Address: _____

Last Four/Social Security #: _____ Date of Birth: _____ Home Phone#: _____

Name of school currently attending: _____

Have you ever won the CWA Local 3603 Scholarship before? Yes _____ No _____

Name of CWA Member: _____

Address of Member: _____

Phone #'s Home: _____ Work: _____ Cell: _____

Relationship to Applicant: Mother _____ Father _____ Stepmother _____ Stepfather _____

Are you a dependent of said member? Yes _____ No _____

Members Last Four/Social Security #: _____ Company Employed by: _____

Have you been accepted by a college or university as of this date? Yes _____ No _____

If yes, which college or University? _____ College ID# _____

If selected for this scholarship, I fully agree to adhere to the rules that have been established by CWA Local 3603 Scholarship Award.

Signature of Applicant _____ Date _____

SECTION B (To be completed by the Local President, Vice President, Secretary or Treasurer)

This is to certify that: _____ is the Child/Stepchild of a CWA Local 3603 Member.

Signature of Local President, Vice President, Secretary or Treasurer:

_____ Title: _____

When completed, this form should be mailed, e-mailed or taken to the local office by May 1, 2024.

CWA Local 3603
5108 Monroe Rd
Charlotte NC 28205
officesec3603@att.net

Office Use Only

Date received _____

Name of Applicant: _____ Number: _____