WNY-CWA Council
SCHOLARSHIP FUND APPLICATION

Application for
Eugene J. Mays Scholarship Award

Section A:

Name of Applicant:_____
last first middle

Home Address: _____
street city state zip

Date of Birth: _____ **Place of Birth:** _____
mo. day yr.

Sponsoring Local _____ **Full Name of Member:** _____

Home Address of Member: _____
street city state zip

Work Location: _____

Your Relationship to sponsoring Local member: _____

Is the sponsoring member retired: (Circle one) Yes No Deceased: Yes No

Are your attending, or have you been accepted to an accredited

college or University? _____
yes or no

Name of College or University: _____

Address: _____
street city state zip

You must provide an Official Notification to the WNY-CWA Council of your full time college attendance prior to issuance of an award check by no later than June 30, 2011 or scholarship will be forfeited.

Do you fully intend to obtain a college degree? _____
yes or no

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

_____
Signature of Applicant date

Section B: For Scholarship Fund Committee Completion

This is to certify that: _____ **is**
name of applicant

_____ **A member of** _____ **CWA**

_____ **The son, daughter, grandchild, husband or wife of a member of** _____ **CWA**

_____ **The son, daughter, grandchild, husband or wife of a retired member of** _____ **CWA**

_____ **The son, daughter, grandchild, husband or wife of a deceased member of** _____ **CWA**

Signature of Local Officer: _____ **Local No.** _____

Title: _____ **Date:** _____

Applications must be received at C.W.A. - W.N.Y. Council on or before Wednesday, November 3, 2010

Signature of Scholarship Fund Committee Member: _____

UAW 55-91

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