

CWA LOCAL 1109

JOSEPH A. BEIRNE SCHOLARSHIP FUND

APPLICATION FOR SCHOLARSHIP

THE QUESTIONS THAT FOLLOW ARE DESIGNED TO COLLECT INFORMATION ABOUT YOUR BACKGROUND, YOUR INTERESTS, AND YOUR PLANS. YOUR ANSWERS TO THESE QUESTIONS WILL BE USED ONLY IN CONNECTION WITH YOUR APPLICATION FOR THIS SCHOLARSHIP PROGRAM AND WILL BE DIVULGED ONLY TO QUALIFIED PERSONS WHO MUST SEE THEM IN THE COURSE OF THEIR DUTIES. EACH SCHOLARSHIP APPLICATION MUST BE ENTIRELY COMPLETED AND SIGNED BY THE APPLICANT BEFORE BEING PUT INTO THE LOTTERY DRAWING.

Name of Applicant: _____ Sex :M ___ F ___
(Last) (First) (Middle)

Home Address: _____

(City) (State) (Zip)

Date of Birth: _____
(Month) (Day) (Year)

Social Security Number: _____

Home Tel. No. _____ Parent's Bus. Tel. No. _____

Parent's Name: _____

Parent's Occupation: _____ Work Location: _____

List the Schools Which You Have Attended In The Past Four Years:

Joseph A. Beirne Scholarship Fund - _____
Print Year

What College Or University Do You Plan To Attend:

First Choice: _____

Location: _____

Second Choice: _____

Location: _____

Third Choice: _____

Location: _____

Have You Been Accepted By A College Or University As Of This Date?

Yes _____ No _____. If The Answer Is Yes, Which College Or University

Were You Accepted? _____

If Selected For This Scholarship, I Fully Agree To Adhere To The Rules That Have Been Established For The Joseph A. Beirne Scholarship Fund.

Signature Of Applicant: _____ Date: _____

Joseph A. Beirne Scholarship Fund - _____
Print Year

SECTION B (To Be Completed By An Official Of Communications Workers Of America Local 1109 – an Officer or Executive Board Member)

This Is To Certify That: _____ Is:

___ A Member Of Local 1109

___ The Son Or Daughter Of A Member Of Local 1109

___ The Son Or Daughter Of A Deceased Member Of Local 1109

Signature Of Local Officer: _____

Title: _____

Date: _____

****This is a Local 1109 offering to Local 1109 members and dependents only.
The Local 1109 Beirne Scholarship is a lottery type drawing with a deadline of
May 31) Please remit completed application to:***

***CWA LOCAL 1109
1845 UTICA AVENUE
BROOKLYN, NY 11234***