CWA SCHOLARSHIP APPLICATION

CWA LOCAL #3509 HATTIESBURG, MS

Name:			Preferred:			
(1	ast)	(middle)	(first)			
School:		Date:				
Home Address:		(street or PC	O Box)		(city)	
Age: Clas	s Rank:	·	ŕ	GPA:	ACT/SAT	
Athletic Activition	es:					
_						
Awards and Hon	ors:					
Church and Com	munity Sei	rvice:				
Which of the act	ivities liste	d above have l	peen the mos	t meaningfu	ıl to you and why"?	
			(over)			

Briefly describe your career objectives or long range educational plans:
Mail Completed Application To: CWA Education Committee, Post Office Box #16225, Hattiesburg, Mississippi 39402 – 16225 Or Give To CWA Union Steward Of Local 3509. Attach Additional Sheets If Necessary. Application Must Be Received Before April, 30 th
Union Members Name
Telephone Number