

## 2019 D.E. Kines/Elaine Huff Scholarship – Rules

D.E. Kines was the founding chair and served as leader of the CWA Retired Members Council (RMC). Elaine Huff was the President of the Chattanooga RMC and served as Secretary of the CWA RMC District 3.

1. Eligibility
  - A. Retired member or spouse of CWA District 3 Retired Members Council
  - B. Active member or spouse of CWA District 3
  - C. Son, daughter, dependent, or grandchild of a member or deceased member of CWA District 3 Retired Members Council
  - D. Must be new or returning undergraduate student of an accredited college or university
2. Three scholarships will be awarded in a random drawing  
(One in the amount of \$1, 000. 00 and two in the amount of \$500)
3. Applications **must** be returned by July 19th, 2019
4. Applicants **must** complete 2019 D.E. Kines/Elaine Huff Scholarship Application
5. Incomplete, inaccurate or late applications will not be considered

The judges for the scholarship:

Rita Scott, President, CWA District 3 Retired Members Council  
Richard Honeycutt, Vice President, CWA District 3

Decision of the judges is final.

**Mail or fax applications to:** D.E. Kines/Elaine Huff Scholarship  
**Attention:** Billy O’Dell, Administrative Director  
Communications Workers of America  
3516 Covington Highway  
Decatur, Georgia 30032  
Fax (404) 299-6165

**2019 D.E. Kines/Elaine Huff Scholarship – Application**

Applicant information: (Please Print)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

Email \_\_\_\_\_ Social Security Number \_\_\_\_\_

Higher education institution attending this fall:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Major Course of Study \_\_\_\_\_

Scholarship Applicant is: (check one)

\_\_\_\_\_ Member or Spouse of CWA District 3 Retired Members Council

\_\_\_\_\_ Son, daughter, grandchild or dependent of a member or deceased member of CWA District 3 Retired Members Council

\_\_\_\_\_ Active CWA District 3 Member or Spouse CWA Local Number \_\_\_\_\_

\_\_\_\_\_ Name of CWA Member to whom applicant is related

\_\_\_\_\_ Contact information & Local number of member to whom applicant is related

I certify that all information on this application is correct

\_\_\_\_\_  
Signature Date

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