### 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: (Last) (First) (Middle)	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 Ye	ears:	

## Joseph A. Beirne Scholarship Fund - 2014

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 I Been Established For The Joseph A. Beirne Scholarship Fund.	Have
Signature Of Applicant: Date:	

# 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, 2014) Please remit completed application to:

CWA LOCAL 1109 1845 UTICA AVENUE BROOKLYN, NY 11234