

**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)

Home Tel. No. \_\_\_\_\_ Parent's Cell No. \_\_\_\_\_

P a r e n t ' s \_\_\_\_\_ N a m e : \_\_\_\_\_

Parent's Occupation: \_\_\_\_\_ Work Location: \_\_\_\_\_

\_\_\_\_\_  
List the Schools Which You Have Attended in The Past Four Years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Joseph A. Beirne Scholarship Fund - 2018

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 - 2018

**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, 2018)***

**Please remit completed application to:**

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