



AFL-CIO-CLC • Local 11
www.nabetlocal11.org

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Edward J. McEwan
President
emcewan@nabetlocal11.org

December 2, 2009

TO: All NABET-CWA Local 11 Members & Retirees

Dear Member,

The annual NABET-CWA Memorial Scholarship applications are available at the Local 11 office, 145 West 30th Street, 12th Floor, New York, NY 10001. They can be picked up at the NABET-CWA Local 11 office any day, Monday thru Friday from 8:30AM to 3:30PM. They are also available at the NABET-CWA Local 11 website at: www.nabetlocal11.org.

The eligibility requirements for the scholarship are:

- 1. The scholarship is open to sons and daughters of active, retired, or deceased members.**
- 2. Applicants must be students in a high school class graduating in 2010.**
- 3. The award supplies \$750.00 yearly for four years as a partial payment of tuition or other expenses to the school designated by the winner.**
- 4. Winners must maintain at least a C+ average, or equivalent, during their four years in college and must attend full time.**

The return date for the preliminary application is March 26, 2010.

Also available is the Beirne Scholarship through the CWA website at www.cwa-union.org . Click on Member Services and this will get you to the Beirne Foundation Scholarship information.

Fraternally,

Edward J. McEwan
President

cd/opeiu153:afl-cio

APPLICATION FOR NABET-CWA SCHOLARSHIP AWARD
NABET-CWA, AFL-CIO

(Print or type everything but signature)

NAME _____ SEX _____
(Last) (First) (Middle)

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

NABET-CWA MEMBER
WHO IS YOUR PARENT _____
(Last) (First) (Middle)

PARENT'S OCCUPATION _____ EMPLOYED AT _____
(Call Letters or Name)

DATE _____ PHONE NO. _____

SIGNATURE OF APPLICANT _____

Applicant: RETURN TO THE LOCAL UNION OFFICE. PLEASE DO NOT WRITE
IN THE SPACE BELOW

LOCAL PRESIDENT:

Complete this application and return it before March 26, 2010, to:

SECTOR OFFICE IN WASHINGTON

APPLICANT'S PARENT IS:

() Retired () Deceased, or () Active Member in Good Standing

DATE _____ LOCAL PRESIDENT _____ LOCAL NO. _____

AUTHENTICATED BY _____ DATE _____