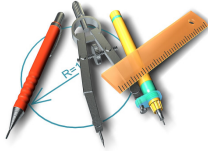


*The
Vincent and Patricia Maisano
Labor Scholarship Award
Application*



Date: _____

2019 Scholarship Award

Applicant's Section

Name: _____

Address: _____

City/State _____

Zip Code: _____

Telephone Number: _____

E-mail Address: _____

College Attending/ _____

or will attend: (Attach proof of attendance/acceptance to form)

Relationship to District 2-13 member: _____

Signature: _____

District 2-13 Member Section

Name: _____

Address: _____

City/State: _____

Zip Code: _____

Telephone Number: _____

E-mail Address: _____

CWA Local Number: _____

Social Security Number: _____

Member Status: Active _____ Retired _____ Laid Off _____ Deceased _____
Check 1 Box

Date of Status: Retired _____ Laid Off _____ Deceased _____
Check 1 box

Signature: _____

