



OFFICIAL APPLICATION



CWA Local 3104 YEAR 2011 Daniel M Byers SCHOLARSHIP

NOTICE TO ALL APPLICANTS

Scholarship Applications will be accepted thru June 30, 2011.
Random Drawing which will be held at the July 12, 2011 Membership Meeting.

FIRST:

Complete SECTION "A" yourself. Answer all questions.
Remember to sign your scholarship application.

NEXT:

Submit the scholarship application with the College/University "acceptance" letter/form (*a must*) to the CWA Local 3104 union hall located at 3121 SW 15 Street (W McNab Road), Pompano Beach, FL 33069 and have an Executive Board member of CWA Local 3104 fill out SECTION "B". This application will only be accepted if signed by an Executive Board member of CWA Local 3104.

FINALLY:

A winner will be selected by a lottery-type drawing. Only one scholarship application per applicant per year will be accepted. Applicant has the responsibility of seeing that the application is submitted by **June 30, 2011 Deadline**.

NOTE: Incomplete scholarship applications will be disqualified.

See Page 2 for Scholarship Application Form!

/gt 04/14/11 [Created by UFCW Local 1625 Member/Printed by CWA Local 3104)



Local 3104



Local 3104



Local 3104

YEAR 2011 DANIEL M BYERS Scholarship Fund Application

(See Page 1 for Deadlines & Instructions)



Local 3104

SECTION "A" (To be completed by applicant - Print Clearly)

NAME OF APPLICANT: _____
(Last) (First) (M.I.)

HOME ADDRESS: _____
(Street) (State) (Zip)

Sex: M ___ F ___ Date of Birth: ___/___/___ Social Security #: ___-___-___

Which College or University has applicant been accepted to?

(College or University "acceptance" Letter/Form must be attached to scholarship application when submitted.)

(Name, Address & Phone # of College or University, if you win, the Local will be making payment directly to the college.)

APPLICANT'S RELATIONSHIP TO CWA LOCAL 3104 MEMBER (circle one)

SELF	DAUGHTER	STEP-DAUGHTER	GRAND-DAUGHTER	LEGAL DEPENDENT (Legal documentation required for Legal Dependent)
SPOUSE	SON	STEP-SON	GRAND-SON	

NAME OF CWA MEMBER: _____
(Last) (First) (M.I.)

MEMBER'S HOME ADDRESS: _____
(Street) (State) (Zip)

MEMBER'S HOME PHONE: _____ MEMBER'S CELL _____

MEMBER'S JOB TITLE: _____ MEMBER'S S.S.: _____ - _____ - _____

If selected for this Scholarship, I fully agree to adhere to the rules that have been established by the Daniel M Byers Scholarship Fund Committee.

Signature of Applicant _____ Date _____

SECTION "B" (To be completed by Local Executive Board Member)

This is to certify that is: _____
(Name of Applicant)

- _____ AN ACTIVE MEMBER OR A MEMBER OF CWA LOCAL 3104'S RETIREE CLUB
- _____ THE SON OR DAUGHTER OF AN ACTIVE MEMBER OR OF A MEMBER OF CWA LOCAL 3104 'S RETIREE CLUB
- _____ THE SON OR DAUGHTER OF A DECEASED MEMBER OF CWA LOCAL 3104 (DECEASED DURING CURRENT YEAR OF SCHOLARSHIP DRAWING)
- _____ THE SPOUSE OF AN ACTIVE MEMBER OR OF A MEMBER OF CWA LOCAL 3104'S RETIREE CLUB
- _____ THE STEP-CHILD, GRANDCHILD OR LEGAL DEPENDENT OF AN ACTIVE MEMBER OR OF A MEMBER OF CWA LOCAL 3104'S RETIREE CLUB

(of Executive Board Member)

(Title)

(Date)

Signature

