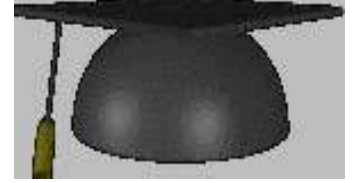


OFFICIAL APPLICATION



CWA Local 3104

Daniel M Byers

SCHOLARSHIP

NOTICE TO ALL APPLICANTS

Scholarship Applications will be accepted April 1, 2008 thru June 30, 2008.
Random Drawing which will be held at the JULY 8, 2008 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, 2008 Deadline**.

NOTE: Incomplete scholarship applications will be disqualified.

See Page 2 for Scholarship Application Form!



Local 3104

/gt 03/27/08 [Created by UFCW Local 1625 Member/Printed by CWA Local 3104]



Local 3104



Local 3104

DANIEL M BYERS Scholarship Fund Application

(See Page 1 for Deadlines & Instructions)



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

SELF _____ SON _____ STEP-SON _____ GRAND-SON _____ LEGAL DEPENDENT _____

SPOUSE _____ DAUGHTER _____ STEP-DAUGHTER _____ GRAND-DAUGHTER _____ OTHER _____

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 OR RETIRED MEMBER OF CWA LOCAL 3104
- _____ THE SON OR DAUGHTER OF AN ACTIVE OR RETIRED MEMBER OF CWA LOCAL 3104
- _____ THE SON OR DAUGHTER OF A DECEASED MEMBER OF CWA LOCAL 3104
- _____ THE SPOUSE OF AN ACTIVE OR RETIRED MEMBER OF CWA LOCAL 3104
- _____ THE STEP-CHILD, GRANDCHILD OR LEGAL DEPENDENT OF AN ACTIVE OR RETIRED MEMBER OF CWA LOCAL 3104

(Signature of Executive Board Member)

(Title)

(Date)

/gt 03/27/08 [Created by UFCW Local 1625 Member/Printed by CWA Local 3104]