APPLICATION FOR THE NABET-CWA LOCAL 53 HAROLD C. INGELS MEMORIAL SCHOLARSHIP AWARD

APPLICANTS MUST BE STUDENTS IN A HIGH SCHOOL CLASS GRADUATING IN 2025.

PLEASE PRINT OR TYPE EVERTHING BUT THE SIGNATURE. NAME:____ (FIRST) (MIDDLE) ADDRESS:_____(Street & Number) (Apt.) (City & Zip Code) PHONE:() SEX: M/F (Residence) (Business) SOCIAL SECURITY NUMBER:_____ PARENT OF APPLICANT:_____ (FIRST) (MIDDLE) (LAST) PARENTS OCCUPATION: _____EMPLOYED BY: _____ (CALL LETTERS/NAME OF STATION) PARENTS E-MAIL: DATE:_____ (Applicant's Signature)

APPLICATIONS MUST BE RECEIVED BY THE LOCAL 53 OFFICE BEFORE 4:00 PM ON FRIDAY, APRIL 4, 2025

PLEASE MAIL, DROP OFF OR EMAIL TO:
1918 WEST BURBANK BOULEVARD, BURBANK, CALIFORNIA 91506
TRACY.JACKSON@NABET53.ORG