# WNY-CWA Council
# SCHOLARSHIP FUND APPLICATION

## Application for
## Eugene J. Mays Scholarship Award

**Section A:**

**Name of Applicant:** _____
**last** **first** **middle**

**Home Address:** _____
**street** **city** **state** **zip**

**Date of Birth:** _____ **Place of Birth:** _____
**mo.** **day** **yr.**

**Sponsoring Local** _____ **Full Name of Member:** _____

**Home Address of Member:** _____
**street** **city** **state** **zip**

**Work Location:** _____

**Your Relationship to sponsoring Local member:** _____

**Is the sponsoring member retired: (Circle one) Yes No Deceased: Yes No**

**Are your attending, or have you been accepted to an accredited**

**college or University?** _____
**yes or no**

**Name of College or University:** _____

**Address:** _____
**street** **city** **state** **zip**

**You must provide an Official Notification to the WNY-CWA Council of your full time college attendance prior to issuance of an award check by no later than June 30, 2010 or scholarship will be forfeited.**

**Do you fully intend to obtain a college degree?** _____
**yes or no**

**If selected for this scholarship award, I fully agree to adhere to the rules and decisions that are made by the Scholarship Fund Committee.**

_____
**Signature of Applicant** **date**

**Section B: For Scholarship Fund Committee Completion**
**This is to certify that:** _____ **is**
**name of applicant**

_____ **A member of** _____ **CWA**

_____ **The son, daughter, grandchild, husband or wife of a member of** _____ **CWA**

_____ **The son, daughter, grandchild, husband or wife of a retired member of** _____ **CWA**

_____ **The son, daughter, grandchild, husband or wife of a deceased member of** _____ **CWA**

**Signature of Local Officer:** _____ **Local No.** _____

**Title:** _____ **Date:** _____

**Applications must be received at C.W.A. - W.N.Y. Council on or before Thursday, October 15, 2009**

**Signature of Scholarship Fund Committee Member:** _____

UAW 55-91

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