

Flavin Scholarship Fund

Established by
CWA Local 1170

Scholarship Committee Members: Mark Semrau & Diane Holloway

* Please Print

Name _____
Last First Middle Initial

Permanent Address:

Street _____

City _____ State _____ Zip _____

Date of Birth _____ Phone Number (____) _____ - _____
(mm/dd/year)

Name of Sponsoring Member _____
Last First

Your Relationship to Sponsor _____

Sponsor is: Current Member Retired Deceased

Sponsoring Member's Home Address:

Street _____

City _____ State _____ Zip _____

Work Location _____ Phone Number (____) _____ - _____

Please Attach the Following:

- A copy of a letter of acceptance from the college(s) you will be attending;
- A one page essay of your goals following college course completion/graduation;
- A complete listing of volunteer services performed, if any;
- A listing of any special acknowledgments, either academic or civic, if any.

If selected for this scholarship award, I fully agree to adhere to the rules and decisions that are made by the Local 1170 Scholarship Fund Committee.

Signature of Applicant _____

Date _____

Administrative Use Only:

This is to certify that _____ is
(applicant name)

- A member of Local 1170 CWA
- The son, daughter, husband, or wife of a member of Local 1170 CWA
- The son, daughter, husband, or wife of a retired member of Local 1170 CWA
- The son, daughter, husband, or wife of a deceased member of Local 1170 CWA
- The grandchild of a member or retired member of Local 1170 CWA

Local Officer _____
Signature Title Date

- Application Approved
- Application Disapproved – Reason _____

Scholarship Fund Committee Member _____
Signature Date