

REGION TWO

JAMES P. NOLAN MEMORIAL SCHOLARSHIP

This form is to be used to apply for the Scholarship offered by NABET-CWA Region Two. The winner will be selected by random drawing from among those eligible applicants of Region two Locals, who have elected to participate in this program.

After completing this form, **send it to the President of your local** for verification of your eligibility.

Local \_\_\_\_\_ Social Security Number \_\_\_\_\_

Members Name \_\_\_\_\_

Members Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
(Please Print)

Applicant's Signature \_\_\_\_\_

\_\_\_\_\_

The Above member  **IS** or  **is NOT** in good standing in this Local.

\_\_\_\_\_

Local President

\_\_\_\_\_

Date

When validated by the President, please send the completed form to the Washington Office.