

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.