

## COMMUNICATIONS WORKERS OF AMERICA LOCAL 1014

6650 Browning Rd, Suite M20 Phone (856) 541-4191/garren.steiner@cwalocal1014.org

January 2025

RE: Eligibility Qualifications for CWA Local 1014/Henry J. Dunn Scholarships

Dear High School Seniors and Parents:

I am pleased to provide you with the following information regarding the CWA Local 1014/Henry J. Dunn Scholarship Program. The scholarship is a one-time award. It is paid directly to the college or trade school attended by the recipient, after the student successfully completes his/her first semester or one year of trade school and submits an official college transcript or equivalent documentation to the CWA Local 1014 office.

Qualifications:

1. The student must be a child of a CWA Local 1014 member in good standing (current with full dues payments).

2. The student must have demonstrated a conscientious effort in his or her studies **and be certified** as being prepared for college/university or trade school course work by his or her high school guidance office.

3. The student must be a **high school senior graduating in Spring '25** and of good moral character.

Students meeting the qualifications described above and wishing to apply for a scholarship must complete the program application. Application packets are available through the student's high school guidance office or through the CWA Local 1014 office. The packets include the application, a CWA Local 1014 membership confirmation form (to be completed by the parent), and a certification of preparedness for college or trade school form (to be completed by the high school guidance office). The application, membership confirmation form, certification of preparedness and a copy of the student's high school transcript must be submitted to the CWA Local 1014 office by the end of business on <u>Friday, March 7, 2025</u>. We prefer that the applications be submitted directly by the high school guidance office but will accept complete applications submitted by students.

All eligible applications will be made part of a random drawing at the <u>March 25, 2025</u>, CWA Local 1014 General Membership Meeting. You can be assured that each eligible application will be given an equal opportunity for selection.

If you have any questions regarding the scholarship program, please contact the CWA Local 1014 office at (856) 541-4191.

Sincerely,

Garren M Steiner CWA Local 1014 President

GMS/cf

Attachments



## CWA LOCAL 1014 SCHOLARSHIP APPLICATION

DIRECTIONS: Students applying for this scholarship must complete this application along with supplying a copy of the student's high school transcript and return it to CWA Local 1014's office on or before **Friday**, **March 7, 2025**.

NAME OF APPLICANT:				
	(First)	(Middle)	(Last)	
MAILING ADDRESS:				
	(Number/Street)			
	(City)	(State)	(Zip)	
HOME PHONE:		BIRTHDAT		
CAREER GOALS:				
PROPOSED FIELD(S) O	F STUDY AT COLL	EGE OR TRADE SCHOOL:		
IN ORDER FOR THIS APP	PLICATION TO BE C	OMPLETE, THE FOLLOWING IT	FMS MUST BE ATTACHED TO	
THIS APPLICATION: 1) P	ARENT'S MEMBER	SHIP CONFIRMATION FORM; 2 CHOOL BY HIGH SCHOOL GUII	2) CERTIFICATION OF	
STUDENT'S HIGH SCHOO			DAINCE OFFICE; 5/ COPT OF	

LIST THE COLLEGES OR TRADE SCHOOLS TO WHICH YOU HAVE APPLIED FOR ADMISSION, PRIORITIZE YOUR CHOICES:

1 <sup>ST</sup> CHOICE:	
2 <sup>ND</sup> CHOICE:	
3 <sup>RD</sup> CHOICE:	
HAVE YOU BEEN ACCEPTED AT ONE OR MORE YES NO	
1. NAME OF INSTITUTION	
2. NAME OF INSTITUTION	
3. NAME OF INSTITUTION	
ARE YOU CURRENTLY EMPLOYED EITHER ON A YES NO	FULL-TIME OR PART-TIME BASIS?
IF YES, STATE NAME AND ADDRESS OF YOUR E	
LIST NAMES AND ADDRESSES OF TWO REFEREN	NCES OTHER THAN FAMILY.
1. NAME:	2. NAME:
	ADDRESS:
LIST ANY CIVIC, SERVICE, COMMUNITY OR SCH HAVE BEEN INVOLVED.	OOL ACTIVITIES IN WHICH YOU ARE NOW OR
LIST ANY AWARDS, HONORS OR SPECIAL RECO AND OTHER):	GNITION YOU HAVE RECEIVED (BOTH SCHOLASTIC

LIST YOUR HOBBIES AND MAJOR INTERESTS: \_\_\_\_\_

STATE IN YOUR OWN WORDS THE REASON WHY YOU BELIEVE YOU SHOULD BE AWARDED A CWA LOCAL 1014 SCHOLARSHIP:

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, ALL THE INFORMATION IN THIS APPLICATION IS ACCURATE AND TRUE.

STUDENT'S SIGNATURE:	DATE:

PARENT/GUARDIAN NAME (PRINT):

SIGNATURE:	DATE:
(CWA LOCAL 1014 MEMBER)	



Dear Scholarship Applicant:

Please have your parent or guardian complete this form and return it to the CWA Local 1014 office prior to the application deadline (Friday, March 7, 2025).

MEMBERSHIP CONFIRM	MATION FORM	
(Please type or print)		
MEMBER NAME:		
HOME ADDRESS:		
TOWN:	STATE:	ZIP:
BARGAINING UNIT:	(Please specify department)	
	BARGAINING UNIT:	
	DEPARTMENT:	
LAST 4 DIGITS OF SS#:	DATE OF HIRE:	
WORK PHONE:	HOME PHONE:	
SIGNATURE:		

NOTE: THE PARENT/MEMBER MUST BE CURRENT WITH UNION DUES.



Dear Scholarship Applicant:

Please have your high school guidance office complete and sign this form and return it to the CWA Local 1014 office prior to the application deadline (Friday, March 7, 2025). Also, please attach a copy of the student's high school transcript.

CERTIFICATION OF PREPAREDNESS FOR COLLEGE OR TRADE SCHOOL FORM

(Please type or print)		
HIGH SCHOOL REP. NAME:		
TITLE:		
TELEPHONE #:		
EMAIL ADDRESS:		
NAME OF HIGH SCHOOL:		
TOWN:	STATE:	ZIP:
I hereby certify that		will be prepared for
college/university or trade school cour scholastic year.		
SIGNATURE OF HIGH SCHOOL REPRESE	INTATIVE:	
DATE:	_	