2010 D. E. Kines Scholarship Application

Application must be **received by June 4, 2010.**
Applicant information:

Name _____

Address_____

City _____State_____Zip_____

Home Phone_____ Cell Number_____

E-mail_____

Social security number_____

Higher education institution attending this fall:

Name_____

Address_____

City _____State_____Zip_____

Major Course of Study_____

Scholarship applicant is:

_____Member of CWA District 3 Retired Members Council
_____Spouse of CWA District 3 Retired Members Council
_____Son, daughter, or dependent of member of CWA District 3 Retired Members Council
_____Son, daughter, or dependent of deceased member of CWA District 3 Retired Members Council
_____Grandchild
_____ Active CWA District 3 Member

I certify that all information on this application is correct.

_____
Signature Date

Mail application to: D. E. Scholarship
Communications Workers of America
3516 Covington Highway
Decatur, Georgia 30032