

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