

## WNY Council of the CWA - Eugene J. Mays Scholarship Application 2019

The WNY Council of the CWA Mays scholarship fund has been contributing to the education of CWA Members and families for decades. The Council is made up of 10 CWA locals and the Retirees Chapter in the 8 counties of WNY. The Mays Foundation is funded by the Annual Mays Golf Tournament and Mays Annual Awards Dinner. Since the scholarship fund was established the council has increased both the number and amount of scholarships awarded annually. This coming year the council will again offer 8 scholarships of \$1,500 each to a CWA member, child, grandchild or spouse from a participating local in the WNY Council.

### Eligibility

CWA Members of locals participating in the WNY Council of the CWA, their children, grandchildren, and spouse (including dependents of retired or deceased CWA members) may apply. The applicant must be a FULL TIME student of an accredited 2 or 4 year college for the fall 2019 semester (verification of enrollment is required by no later than June 21, 2019 or the scholarship will be forfeited and an alternate will be selected).

No specific area of study is required. Deadline for application submission is November 16, 2018. Scholarship award winners will be determined by a lottery drawing held on November 20, 2018. Winners will be notified after the drawing. The scholarships will be awarded to the winners at the 45<sup>th</sup> Annual Eugene J. Mays Memorial Awards Dinner in January 2019 date /location TBA or after winner submits verification of full time enrollment thereafter, until the stated deadline of June 21, 2019. Scholarship award winners will be invited to the awards dinner in January, 2019.

### Requirements - Eligible applicants must:

1. Complete the application legibly
2. Have the Sponsor's CWA Union Local verify Membership
3. Have the sponsor's Union Local forward the application to the WNY Council of CWA

### Application:

#### Section A – to be completed by the applicant

Name of Applicant: \_\_\_\_\_  
Last First Middle

Applicant's Home Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Sponsoring Member (circle one) Self Child Grandchild Spouse

Name of Sponsoring Member: \_\_\_\_\_  
Last First Middle

Sponsoring Members Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sponsoring Member's Status (circle one) Current Retired Deceased

Are you attending or have you been accepted to an accredited college or university as a Full Time Student?

(Circle one) YES or NO

Name of College or University: \_\_\_\_\_

Address of Institution: \_\_\_\_\_  
Street City State Zip Code

Do you fully intend to obtain a college degree? (Circle one) Yes or No

**Affirmation**

If selected for this scholarship award, I fully agree to adhere to the rules and decisions made by the Scholarship Fund Committee.

\_\_\_\_\_  
Signature of Applicant Date: \_\_\_\_\_

**Section B – to be completed by the Sponsoring CWA Local**

I certify that \_\_\_\_\_ is:  
Name of Applicant

\_\_\_\_\_ A Member of CWA Local \_\_\_\_\_

\_\_\_\_\_ The child, grandchild or spouse of a current Member of CWA Local \_\_\_\_\_

\_\_\_\_\_ The child, grandchild, spouse of a retired Member of CWA Local \_\_\_\_\_

\_\_\_\_\_ The child, grandchild or spouse of a deceased Member of CWA Local \_\_\_\_\_

Signature & Title of sponsoring local officer: \_\_\_\_\_

CWA Local: \_\_\_\_\_ Date: \_\_\_\_\_

Application must be received by the WNY Council of the CWA on or before November 20, 2018

**Section C – to be completed by Mays scholarship Fund Committee Member**

\_\_\_\_\_  
Signature if Council Scholarship Fund Committee Member Date: \_\_\_\_\_