

## WNY CWA Council - Eugene J. Mays Scholarship Application 2023

The WNY CWA Council E.J. Mays scholarship fund has been contributing to the education of CWA Members and families for decades. The Council is made up of 7 CWA locals and the Retirees Chapter in the 8 counties of WNY. The Mays Scholarships are funded by the annual E.J. Mays Scholarship Golf Tournament and the annual E.J. Mays Awards and Scholarship Reception. 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 be offering 10 scholarships of \$1,500 each to a CWA member, child, grandchild or spouse from a participating local in the WNY Council.

CWA Members of locals participating in the WNY CWA Council, their children, grandchildren, and spouses (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 earning at least 12 credit hours for the **Fall 2023 semester** (verification of enrollment is required by no later than June 16<sup>th</sup> 2023 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 7<sup>th</sup> 2022. Scholarship award winners will be determined by a lottery drawing held on November 15<sup>th</sup> 2022. Winners will be notified after the drawing. The scholarships will be awarded to the winners at the 49<sup>th</sup> Annual Eugene J. Mays Memorial Awards Reception in January 2023, date /location TBA or after winner submits verification of full time enrollment thereafter, until the stated deadline of June 16<sup>th</sup> 2023. All scholarship award winners will be invited to the awards reception.

### Eligible applicants must:

Complete the application legibly

Have the Sponsor's CWA Union Local verify Membership

Have the sponsor's Union Local forward the application to the WNY CWA Council

Name of Applicant (First, Middle, Last): \_\_\_\_\_

Applicant's mailing Address (Street, City, State, Zip): \_\_\_\_\_

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

Relationship to Sponsoring Member (Circle One):      Self      Child      Grandchild      Spouse

Name of Sponsoring Member (First, Middle, Last): \_\_\_\_\_

Sponsoring Members Address (Street, City, State, Zip): \_\_\_\_\_

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

Sponsoring Member's Status (Circle One):      Current      Retired      Deceased

Will you be a FULL TIME student in the FALL 2023 semester? (Circle One)      YES      NO

Do you fully intend to obtain a college degree? (Circle One)      YES      NO

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

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

I certify that applicant is a member, child, grandchild or spouse of a member or retiree of Local # \_\_\_\_\_

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