



Communications Workers of America Minority Caucus Scholarship 2010

Children and Legal Wards of CWA Minority Caucus Members in Good Standing as of June 1, 2010 are eligible to compete for three \$1200 Minority Caucus Scholarships. One of the three scholarships will be granted to a graduating high school senior in the memory of Norma Powell. The other two scholarships will be granted to students already enrolled in a college, university, or institution of higher learning of which one will be in the memory of Edwardo Diaz.

ELIGIBILITY REQUIREMENT INSTRUCTIONS

I ENROLLMENT:

- A) Currently enrolled in an Accredited College or University
- B) Currently enrolled in an Accredited Institution of Higher Learning
- C) 2010 High School Graduate with an acceptance to either A or B for the Fall of 2010

II SUBMISSION:

- A) Scholarship Application
- B) Most Recent Transcript
- C) Essay: Minimum of 300 words typed written:

What must President Obama do to ensure being elected to a second term?

- D) List awards you have received along with dates
- E) Describe community service activities
- F) Share with us why this scholarship is important to you
- G) Two reference Letters supporting your application
- H) Sponsoring Minority Caucus Member Information
- I) *Optional:* Forward a 5 x 7 or 8 x 10 photo which will be used in our presentation for scholarship winners. Photos will not be returned.

RETURN ALL DOCUMENTS (POSTMARKED BY JUNE 30, 2010) TO:

GERALD BROWN
CWA MINORITY CAUCUS SCHOLARSHIP 2010
6 HARRISON STREET, 4TH FLOOR
NEW YORK, NY 10013

(ANY ADDITIONAL QUESTIONS TELEPHONE GERALD BROWN @212-331-0950)

- Please note: ♦ All scholarship funds will be forwarded to College , University or Institution of Higher Learning.
♦ Must be an enrolled student for Fall 2010

CWA MINORITY CAUCUS SCHOLARSHIP APPLICATION 2010

(please print clearly)

APPLICANT NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE #(_____) _____ CELL TELEPHONE #(_____) _____
Area code Area code

COMPLETE EITHER A or B

A) COLLEGE, UNIVERSITY or INSTITUTE of HIGHER LEARNING

Name of College, University or Institute of Higher Learning _____

Address: _____ City: _____ State: _____ Zip: _____

Major Course of Study _____

OR

B) GRADUATING HIGH SCHOOL SENIORS ENTERING a COLLEGE, UNIVERSITY or INSTITUTION of HIGHER LEARNING

Name of High School _____

Address: _____ City: _____ State: _____ Zip: _____

Major Course of Study _____

Name of College, University or Institute of Higher Learning for Fall 2010 _____

Address: _____ City: _____ State: _____ Zip: _____

Major Course of Study _____

APPLICANT'S SIGNATURE _____ DATE _____

SPONSORING MINORITY CAUCUS MEMBER INFORMATION SCHOLARSHIP 2010

NAME _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CWA LOCAL# _____ DISTRICT# _____

IF APPLICABLE, POSITION HELD _____

RELATIONSHIP TO SCHOLARSHIP APPLICANT _____

HOW MANY YEARS HAVE YOU BEEN A MEMBER OF THE CWA MINORITY CAUCUS _____

LIST WAYS WHICH YOU HAVE SUPPORTED THE CAUCUS DURING YOUR MEMBERSHIP

SPONSOR'S SIGNATURE _____ DATE _____