



Communication Workers of America Local • 9588

AFL-CIO

190 WEST "G" STREET • COLTON, CALIFORNIA 92324 • (909) 422-8960 • FAX (909) 824-2391

RULES – BILL MARTIN SCHOLARSHIP

- To establish a fund of \$2,000 to be divided into four (4) \$500 scholarships.
- Applicants include a brief statement of their career goals.
- Should the recipient choose a trade school and the course is completed in nine (9) months or less the applicant will receive the entire \$500 scholarship upon receipt of registration.
- Should the applicant choose a two-year or four-year college, they will receive \$250 upon proof of registration with a course load of at least eight (8) units.

\$250 will be sent to the college of your choice in September of the following school year, with ***proof of completion*** of at least ***12 units and a current course load of at least eight (8) units.***

- Should the recipient interrupt or drop out of a trade school or college, during the first fiscal year of the scholarship funding ***and does not reapply or complete all requirements*** as stated in the above rules, ***they shall forfeit all further funding and all unused scholarship funds shall be returned to CWA, Local 9588.***
- Applicant must be a graduating high school senior, son or daughter of a CWA, Local 9588 member in good standing ***and*** have a "C" or better average.
- Applications must be postmarked or hand delivered by April 1st of the current graduating year.
- Winners will be selected by random drawing at the April Executive Board meeting.
- Parent of the graduating high school senior must be a member in good standing of the CWA, Local 9588. The CWA, Local 9588 member shall maintain their union membership status (as a member in good standing) for the duration of the scholarship. Failure to do so shall result in the forfeiture of any funds or remaining funds.

Respectfully submitted,

Youth Sponsorship & Scholarship Committee

**BILL MARTIN SCHOLARSHIP
ENTRY FORM**

APPLICANT INFORMATION

(please print)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CLASS GRADE POINT AVERAGE: _____

COLLEGE: _____

MEMBER INFORMATION

(please print)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____

WORK LOCATION: _____

I am a member in good standing of CWA, Local 9588.

Member's signature: _____