

### Official G. I. JACKSON Scholarship Application

**SECTION A** (to be completed by applicant)

Name (last, first, m.i.)		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Permanent Mailing Address		
City	State	Please use 9-Digit Zip Code (if known)
Applicant's Telephone: ( ) _____	Applicant's Date of Birth: ____ / ____ / ____	Applicant's SS#: ____ - ____ - ____

Name of CWA Member: \_\_\_\_\_ Member SS#: \_\_\_\_\_ - - CWA Local #

Members Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

**Applicant's Relationship to Member**  Father  Mother  Grandfather  Grandmother

College or University in which enrolled.

If selected for this scholarship, I fully agree to adhere by the rules that have been established by the Scholarship Committee for the G. I. Jackson Scholarship Fund:

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

**SECTION B** (to be completed by Local Officer)

This is to certify that (applicant) \_\_\_\_\_ is:

- The son, daughter, or grandson/daughter of an active, retired, or laid-off CWA member
- The son, daughter, or grandson/daughter of a deceased CWA member

(CWA Local) \_\_\_\_\_ (Signature of Local Officer) \_\_\_\_\_ (Title) \_\_\_\_\_ (Date) \_\_\_\_\_

**THIS COMPLETED FORM MUST BE POSTMARKED NO LATER THAN FEBRUARY 28, 2011 TO:**

**Communications Workers of America**  
**G. I. JACKSON SCHOLARSHIP FUND**  
**2700 Highway 280 East, Suite 207W**  
**Birmingham, Alabama 35223**