

## 2013 D. E. Kines Scholarship Application

Application must be **received by September 27, 2013**

Applicant information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

E-mail \_\_\_\_\_

Social security number \_\_\_\_\_

### Higher education institution attending this fall:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Major Course of Study \_\_\_\_\_

### Scholarship applicant is:

\_\_\_\_\_ Member of CWA District 3 Retired Members Council

\_\_\_\_\_ Spouse of CWA District 3 Retired Members Council

\_\_\_\_\_ Son, daughter, or dependent of member of CWA District 3 Retired Members Council

\_\_\_\_\_ Son, daughter, or dependent of deceased member of CWA District 3 Retired  
Members Council

\_\_\_\_\_ Grandchild

\_\_\_\_\_ Active CWA District 3 Member      CWA Local Number \_\_\_\_\_

\_\_\_\_\_ CWA Member's Name

\_\_\_\_\_ CWA Member's Cell phone or other contact info

I certify that all information on this application is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail application to:

**D. E. Kines Scholarship – Attn: Beverly Gann  
Communications Workers of America  
3516 Covington Highway  
Decatur, Georgia 30032**