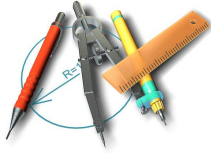


*The  
Vincent and Patricia Maisano  
Labor Scholarship Award  
Application*



Date: \_\_\_\_\_

2023 Scholarship Award

**Applicant's Section**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/State \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

College Attending/ \_\_\_\_\_  
or will attend: (Attach proof of attendance/acceptance to form)

Relationship to District 2-13 member: \_\_\_\_\_

Signature: \_\_\_\_\_

**District 2-13 Member Section**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**City/State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**CWA Local Number:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Member Status:** Active \_\_\_\_\_ Retired \_\_\_\_\_ Laid Off \_\_\_\_\_ Deceased \_\_\_\_\_  
Check 1 Box

**Date of Status:** Retired \_\_\_\_\_ Laid Off \_\_\_\_\_ Deceased \_\_\_\_\_  
Check 1 box

**Signature:** \_\_\_\_\_

