



# Communications Workers of America Minority Caucus Scholarship 2009

*Children and Legal Wards of CWA Minority Caucus Members in Good Standing as of June 1, 2009 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) 2009 High School Graduate with an acceptance to either A or B for the Fall of 2009

### II SUBMISSION:

- A) Scholarship Application
- B) Most Recent Transcript
- C) Essay: Minimum of 300 words typed written:  
**Discuss, in your words, three areas where President Obama has made a positive difference during his early months in office.**
- 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 1, 2009) TO:

GERALD BROWN  
CWA MINORITY CAUCUS SCHOLARSHIP 2009  
6 HARRISON STREET, 4<sup>TH</sup> 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 2009

# CWA MINORITY CAUCUS SCHOLARSHIP APPLICATION 2009

(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 2009 \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SPONSORING MINORITY CAUCUS MEMBER INFORMATION SCHOLARSHIP 2009**

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 \_\_\_\_\_