



CWA Local 1180

SUMMER CAMP



SCHOLARSHIP APPLICATION

Union member's dependent will get a **\$100 scholarship** toward the camp of their choice.



Available
May 10 -
June 25, 2021

Contact Hazel O. Worley at hworley@cwa1180.org for more information

Please **PRINT CLEARLY** & Return Application To: CWA Local 1180
6 Harrison St., 4th Floor, New York, NY 10013
All scholarship checks are sent directly to the camp Attn: Summer Camp 2021

Member Name _____

Member/Parent or Legal Guardian (Please Circle One)

Child's Full Name _____

Child's Birth Date _____ Child's Gender **M** **F** (Please Circle One)

Member Home Address _____

City _____ State _____ Zip _____

Home Phone # _____ Work Phone # _____

Camp Name _____ Camp Phone # _____

Address _____

City _____ State _____ Zip _____

Register your child at the camp you have chosen. Due to high volume and the "first-come, first-served basis" at camps, we suggest you complete the physical examination at your child's doctor usually required by the camps as soon as possible.

LOCAL OFFICER APPROVAL:

OFFICER'S SIGNATURE

PLEASE PRINT NAME

DATE