

## HAROLD MINCEY SCHOLARSHIP FUND

### OFFICIAL RULES

1. Applicants must use official application form signed by Local President or Secretary.
2. Applicants must write a five hundred (500)-word essay on organized labor.
3. Applicants will be available from each Local from January through March of each year.
4. Applications must be submitted or postmarked to the CWA Georgia State Office by no later than March 31 of each year.
5. ELIGIBILITY:
  - A. An active member of CWA
  - B. Son, daughter or dependent of a member or deceased member of CWA. (A dependent is someone who lives in the same household and receives more than half their support from a member of CWA).
  - C. Spouses are not eligible unless they are a member of CWA.
6. Check will be made out jointly to the applicant and the college or university of their choice.
7. The number of scholarship recipients from the state shall be **six**. These scholarships shall be in the amount of \$500 each.
8. Six alternates will be selected. In the event a scholarship recipient is declared ineligible, the alternates will be awarded the scholarship in order of selection
9. A Committee consisting of four (4) Local Presidents from the state will administer the Harold Mincey Scholarship Fund.
10. The Committee will hold drawings in May each year.
11. A notice will be sent to all Local Presidents when the drawing will take place
12. The Harold Mincey Scholarship Committee must approve applicants.
13. Recipients must notify the Chairman of the Committee of their acceptance no later than the end of August of the same year in which they are chosen.

#### **The Committee:**

<b>Terri Wilkins, Chairperson</b>	<b>- Local 3205, Covington</b>
<b>Roger Todd</b>	<b>Local 3201, Albany</b>
<b>Billy Odell</b>	<b>Local 3215, Griffin</b>
<b>Ron Ennis</b>	<b>Local 3217, Macon</b>

**APPLICATION**

**HAROLD MINCEY SCHOLARSHIP FUND**

DATE \_\_\_\_\_

**SECTION A: (TO BE COMPLETED BY APPLICANT)**

Name \_\_\_\_\_ SEX \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
\_\_\_\_\_

Social Security No. \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Father or Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

**SECTION B: (TO BE COMPLETED BY AN OFFICIAL OF CWA LOCAL UNION)**

This is to certify that \_\_\_\_\_ is:  
(Name of scholarship applicant)

\_\_\_\_\_ A member of CWA Local \_\_\_\_\_ located in \_\_\_\_\_  
(City)

\_\_\_\_\_ The son, daughter or dependent (spouse not eligible) of a member of CWA.

\_\_\_\_\_ The son, daughter or dependent of a deceased member of CWA.

**SECTION C: (TO BE COMPLETED BY LOCAL PRESIDENT OR SECRETARY)**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Local # \_\_\_\_\_

Local Address \_\_\_\_\_  
\_\_\_\_\_

Local Telephone ( ) \_\_\_\_\_

**NOTE TO ALL APPLICANTS**

A son, daughter, or dependent (spouse not eligible), must live in the same household or have at least 50% of your support provided by a CWA member. Applications must be submitted between January 1 and March 31 of each year to be eligible for the drawing held in May of each year.

**MAIL APPLICATION TO:**

Harold Mincey Scholarship Fund  
Communications Workers of America  
3516 Covington Highway  
Decatur, Ga. 30032