

P.O. Box 147, Garden City, NY 11530

Tel: (516) 551-6371

Dear Applicant,

We are pleased to announce the Carolyn Jones-Washington Memorial scholarships for 2019. Scholarships in the amount of \$500 each will be awarded.

OFFICERS

President ALAN JENNINGS

1st Vice President LES EASON

2nd Vice President MOSES NEWSOME

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President Emeritus: RUDY BRUCE In order to be eligible you must meet all requirements. The applicant's parent or guardian must be a registered CBTU member or an AFL-CIO Union Affiliate. The application must be completely filled out and all other necessary documents must be attached. It is also very important that you obtain all the required signatures on the application.

(Failure to meet ALL criteria will disqualify your application.)

Upon completion of the application, please return all documents including essays to the attention of the Scholarship Committee to the address below and it must be postmarked, no later than July 31st, 2019.

CBTU LONG ISLAND CHAPTER SCHOLARSHIP COMMITTEE P.O. BOX 147 GARDEN CITY, NEW YORK 11530

CBTU LONG ISLAND CHAPTER CRITERIA FOR SCHOLARSHIP

- Parent (s) / guardian must be a member in Good Standing of the CBTU or AFL-CIO Union Affiliate.
- 2. A High School senior or College freshman.
- 3. Two letters of recommendation from either of the following must be submitted
 - Dean
 - Teacher
 - Academic/ Guidance Counselor
 - Youth Association
 - Church
- Student and/or representative MUST BE PRESENT AT the gala on Thursday 10/17/19 IN ORDER TO RECEIVE AWARD.
- 5. An essay of 500 words must be submitted based on one of the following topics.

What do you think it takes to be successful in life?

What contributions have unions made to you and your family?

WEB ADDRESS: LONGISLANDCBTU.ORG

Deadline: July 31st, 2019

(APPLICATION ON REVERSE SIDE)





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CBTU LONG ISLAND CHAPTER SCHOLARSHIP APPLICATION

Name:Last		First	MI
Address:		***	······
City:	State:		_Zip Code
Home Telephone		_Cell Num	ber
School Name Attending:			
Address:			· · · · · · · · · · · · · · · · · · ·
City:	_State:_		_Zip Code
Telephone Number:			
Name of Parent/Guardian/l	Relative:_		
Address if Different:			
Telephone Number:			
Union Affiliation:			
Student's Signature:		·····	w damenta a company
Parent/Guardian Signature	:		

Check to see if you have all your documents