

**2009 CWA Local 2202
Alfred E. Cunningham Memorial Scholarship**

APPLICANT'S NAME _____

RELATIONSHIP TO MEMBER _____

MEMBER'S NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

HOME# _____ **WORK#** _____

APPLICANT'S SSN# _____

**NAME AND ADDRESS OF COLLEGE, UNIVERSITY, TRADE
OR PROFESSIONAL SCHOOL**
