

## **2019 SCHOLARSHIP GUIDELINES**

### **AMERICAN POSTAL WORKERS ACCIDENT BENEFIT ASSOCIATION**

- 1). The scholarship announcement, application and guidelines will be mailed each year to all Local and State Presidents and ABA Board of Directors, no later than March of each year. The announcement and application will also be printed in the ABA Quarterly News Digest as well as posted on the official ABA website. The deadline for returning the scholarship application will be set forth by the ABA.
- 2). All entrants must submit a completed application which will be verified by their local or state president or by the ABA home office. Properly completed applications will be entered into a drawing for a one thousand dollar (\$1,000) scholarship. Entrants must be a graduating high school senior who is the son, daughter or legal ward of a member of the ABA.
- 3). The scholarship award is limited to a one time amount of one thousand dollars, (\$1,000). Two scholarships will be awarded per calendar year.
- 4). The scholarship drawings will be held at the ABA home office no later than June of each year. These drawings will be strict "luck of the draw", meaning the entrants pulled are the winners. No preferential treatment will be given to any entrant. All applicants will be assigned a random number for drawing. The winners will be drawn from amongst all applicants and notified by certified mail.
- 5). Scholarships will be paid directly to the school that has been designated on each winners application. Each winner will also be required to submit an acceptance letter and photograph accompanied by a biography which will appear in an issue of the ABA Quarterly News Digest.
- 6). The National Director will coordinate the scholarship program with the authority to settle any or all eligibility requirements or disputes that may arise.

**APW-ABA SCHOLARSHIP PROGRAM  
HONORING  
THOMAS HARTOS, MICHAEL TOSCHES & EUGENE JOHNSON**

**APPLICATION DEADLINE  
May 15, 2019**

INCOMPLETE APPLICATIONS WILL BE RETURNED

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE#: ( \_\_\_\_\_ ) \_\_\_\_\_

I will graduate from \_\_\_\_\_ High School, which is located  
in \_\_\_\_\_, in \_\_\_\_\_.  
*(City - State) (Month - Year)*

I will be enrolled for the \_\_\_\_\_ term of \_\_\_\_\_ at \_\_\_\_\_  
in \_\_\_\_\_.  
*(Year) (College Attending) (City - State)*

My father, mother or legal guardian is a member in good standing in the ABA and the

\_\_\_\_\_ Local APWU.  
*(Local name)*

ABA Members email address: \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_  
(Student - printed name & signature)

\_\_\_\_\_  
(Parent/Guardian - printed name & signature)

(This section to be completed by Local or State President or ABA Nat'l Director)

This will certify that \_\_\_\_\_, \_\_\_\_\_  
*(APW-ABA members name) (SSN or EID# of member)*  
is a member in good standing of the Accident Benefit Association.

\_\_\_\_\_  
*(ABA Local or State President or ABA Nat'l Director - signature & date)*

**All Applications Must Be Sent To: ABA Scholarship Program, PO Box 120, Rochester, NH 03866-0120**

**THE BELOW IS FOR ABA USE ONLY**

Local Name \_\_\_\_\_ Local # \_\_\_\_\_ Date Recv'd \_\_\_\_\_ 100% Local \_\_\_ Yes \_\_\_ No

This application has been reviewed and certified, \_\_\_\_\_ - ABA Nat'l Director