

**APW-ABA
MEMORIAL SCHOLARSHIP
HONORING**

Michael Tosches, Thomas Hartos & Eugene Johnson

Best of Luck in your college endeavors!!

**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 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 in 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 drawing 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 applications 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 winner’s 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 News Digest.
6. The National Director will coordinate the scholarship program with the authority to settle any or all eligibility requirement or disputes that may arise.

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

**APPLICATION DEADLINE
May 15, 2021**

APPLICATIONS MUST BE FILLED OUT IN THEIR ENTIRETY

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 _____.
(Year) (College Attending)

in _____.
(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 EID# _____

ABA Members email address: _____ @ _____

(Student - printed name & signature)

(Parent/Guardian - printed name & signature)

[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
Date _____