

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

**APPLICATION DEADLINE
May 15, 2024**

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) (School)

in _____. My father, mother or legal guardian is a member
(City – State)

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**

(This section to be completed by ABA National Director)

This application has been reviewed and certifies that the above member is a member in good standing of the Accident Benefit Association.

Local Name _____ Local # _____ Date Recv'd _____

ABA Nat'l Director _____ Date _____