

2018 D.E. Kines/Elaine Huff Scholarship – Rules

D.E. Kines was the founding chair and served as leader of the CWA Retired Members Council (RMC). Elaine Huff was the President of the Chattanooga RMC and served as Secretary of the CWA RMC District 3.

1. Eligibility
 - A. Retired member or spouse of CWA District 3 Retired Members Council
 - B. Active member or spouse of CWA District 3
 - C. Son, daughter, dependent, or grandchild of a member or deceased member of CWA District 3 Retired Members Council
 - D. Must be new or returning undergraduate student of an accredited college or university
2. This year three scholarships will be awarded in a random drawing (One in the amount of \$1, 000. 00 and two in the amount of \$500)
3. Applications **must** be received by July 20th, 2018
4. Applicants **must** complete 2018 D.E. Kines/Elaine Huff Scholarship Application
5. Incomplete, inaccurate or late applications will not be considered

The judges for the scholarship:

Rita Scott, President, CWA District 3 Retired Members Council
Richard Honeycutt, Vice President, CWA District 3

Decision of the judges is final.

Mail or fax applications to: D.E. Kines/Elaine Huff Scholarship; Attn: Bridgette Collins
Communications Workers of America
3516 Covington Highway
Decatur, Georgia 30032
Fax (404) 299-6165

2018 D.E. Kines/Elaine Huff Scholarship – Application

Applicant information: (Please Print)

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Number _____

Email _____ Social Security Number _____

Higher education institution attending this fall:

Name _____

Address _____

City _____ State _____ Zip _____

Major Course of Study _____

Scholarship Applicant is: (check one)

_____ Member of CWA District 3 Retired Members Council

_____ Spouse of CWA District 3 Retired Members Council

_____ Son, daughter, or dependent of member of CWA District 3 Retired Members Council

_____ Grandchild

_____ Active CWA District 3 Member or Spouse CWA Local Number _____

_____ Name of CWA Member to whom applicant is related

_____ Contact information & Local number of member to whom applicant is related

I certify that all information on this application is correct

Signature Date

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404-299-6165 (fax)