

**APW-ABA Scholarship Program  
Honoring  
Thomas Hartos & Michael Tosches**

**Application Deadline  
May 15, 2010**

APPLICATION WILL BE RETURNED IF INCOMPLETE

NAME:  ADDRESS:

CITY:  STATE:  ZIP:  TELEPHONE #: (  )  -

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 Accident Benefit Association and the \_\_\_\_\_  
**(local name)**

Local APWU. Members internet address is: @

**(Printed Name & Signature of Student)** **(Printed Name & Signature of Parent/Guardian).**

This will certify that ,   
**(APWU Members Printed Name)(SSN OR EIN of Member)**

Is a member in good standing of the Accident Benefit Association.

Date:  Signed: \_\_\_\_\_  
**(ABA Local Rep/President or ABA Natl. Dir's)**

**ALL Applications Must Be Sent To: ABA Scholarship Program, PO Box 120, Rochester, NH 03866-0120**  
**THE BELOW IS FOR ABA USE.**

**Local name** **Local Number** **Date Received : \_\_\_\_\_ 100% local \_\_Yes \_\_No**  
\_\_\_\_\_  
**ABA National Director (s)**

This application has been reviewed and certified