

# SANDRA L. ONCAY

## MEMORIAL

## SCHOLARSHIP



CWA Local 1085 will award ten scholarships for full-time or part-time enrollments at accredited colleges or trade schools during the 2022-2023 school year. Full-time students will be eligible for a \$1,000 award and part-time students will be eligible for a \$500 award. Members of Local 1085, along with spouses and dependents, are eligible. Recipients will be selected by a random drawing at the June membership meeting.

Applications for Local 1085 scholarships must be received no later than June 1, 2022. The application forms can be obtained via mail, email or by stopping in the office, call 856-853-8516 for more details. Information and applications are also available on the CWA Local 1085 website at <http://www.cwa1085.org>

CWA members and dependents may also be eligible for scholarships from the Joe Beirne Foundation. The deadline for these applications is April 30th. To apply, visit the Beirne Foundation website at [www.cwa-union.org/pages/beirne](http://www.cwa-union.org/pages/beirne).



SANDRA L. ONCAY  
CWA Local 1085  
MEMORIAL SCHOLARSHIP APPLICATION  
2022 - 2023 SCHOOL YEAR

**Eligibility.** Any member of Local 1085 or any spouse or dependent of a member may apply if planning to attend an accredited college, university, or trade school on a full or part-time basis during the 2022 - 2023 school year. **Previous recipients are not eligible.**

**Application.** This application form must be submitted to the Local office no later than June 1, 2022, accompanied by a brief explanation of your educational goals (50 - word minimum).

**Awards.** Recipients will be selected by random drawing during the month of June 2022 membership meeting. Each full-time scholarship will be awarded \$1,000 and part-time scholarship will be awarded \$500.00.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check one:  I am a member of CWA Local 1085

I am the spouse or dependent of the following member:

Member's name \_\_\_\_\_

Relation \_\_\_\_\_

College or university to be attended \_\_\_\_\_

Address \_\_\_\_\_

Date of matriculation \_\_\_\_\_ Expected date of graduation \_\_\_\_\_

Major Field of study \_\_\_\_\_

School currently attended (if different) \_\_\_\_\_

*Return this application to the following address, together with your educational goal statement to: CWA Local 1085, 207 Hollydell Drive, Sewell, NJ 08080*