

**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 \_\_\_\_\_