

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

**APPLICATION DEADLINE
May 15, 2025**

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 _____