

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

**APPLICATION DEADLINE  
May 15, 2026**

**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) (School)

**in** \_\_\_\_\_ . **My father, mother or legal guardian is a member**  
(City – State)

**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**

**(This section to be completed by ABA National Director)**

**This application has been reviewed and certifies that the above member is a member in  
good standing of the Accident Benefit Association.**

**Local Name** \_\_\_\_\_ **Local #** \_\_\_\_\_ **Date Recv'd** \_\_\_\_\_

**ABA Nat'l Director** \_\_\_\_\_ **Date** \_\_\_\_\_