

# CLUW LABOR SCHOLARSHIP APPLICATION

Please type or print clearly

<i>Last Name</i>		<i>First Name</i>	
<i>Address</i>			
<i>City</i>		<i>State</i>	<i>Zip</i>
<i>Day Phone #</i>		<i>Evening Phone #</i>	
<i>e-mail</i>			
<i>CLUW Membership Card Number &amp; Date</i>			
<i>Name of CLUW Chapter (if you are a member)</i>			
<i>The Name of Your Union</i>			
<i>Current Employer</i>			

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## Accepted by which Labor Studies Program?

*Institution:*

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*Course Title*

*Instructor (s):*

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*Address*

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*City*

*State*

*Zip*

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*Registration Contact:*

*Phone (    )*

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**Send completed application form and attachments to:**

The Coalition of Labor Union Women  
Scholarship Committee  
1925 K Street, NW, Suite 402  
Washington, DC 20006  
Fax (202) 842-7888