

A M E R I C A N P O S T A L W O R K E R S



A C C I D E N T B E N E F I T A S S O C I A T I O N

P.O. Box 120, ROCHESTER, NH 03866

WWW.APW-ABA.ORG

PHONE: 603-330-0282 FAX: 603-330-0285

March, 2018

PRESIDENT
APWU-CHATTANOOGA AREA LOCAL
PO BOX 22072
CHATTANOOGA, TN 37422

APW-ABA
SCHOLARSHIP PROGRAM
HONORING
Thomas Hartos, Michael Tosches & Eugene Johnson

Deadline: May 15, 2018

Dear President,

Enclosed are the guidelines and application form for the APW-ABA Scholarship Program which is named in honor of long time union activists, Thomas Hartos, Michael Tosches and Eugene Johnson. Feel free to make copies as well as insert into your local publications or on your local web site.

We ask that you insure all applications are filled out completely, paying special attention to the member's postal employee identification number (EID) or social security number, so that we may verify ABA membership. Incomplete applications will be returned.

Please contact our office if you have any questions. Our normal business hours are, Monday thru Friday, 8:00am – 4:00pm EST.

Web Page: <http://www.apw-aba.org>

Telephone: 603-330-0282

Facsimile: 603-330-0285

Toll Free: 1-800-526-2890

In Union Solidarity,

A handwritten signature in black ink that reads 'Wayne D. Maurer'.

Wayne D. Maurer, National Director
nationaldirector@apw-aba.org

A Proud Member Serving Postal Workers Since 1891 ★



2018 SCHOLARSHIP GUIDELINES

AMERICAN POSTAL WORKERS ACCIDENT BENEFIT ASSOCIATION

- 1). The scholarship announcement, application and guidelines will be mailed each year to all Local and State Presidents and ABA Board of Directors, no later than March of each year. The announcement and application will also be printed in the ABA Quarterly News Digest as well as posted on the official ABA website. The deadline for returning the scholarship application will be set forth by the ABA.
- 2). All entrants must submit a completed application which will be verified by their local or state president or by the ABA home office. Properly completed applications will be entered into a drawing for a one thousand dollar (\$1,000) scholarship. Entrants must be a graduating high school senior who is the son, daughter or legal ward of a member of the ABA.
- 3). The scholarship award is limited to a one time amount of one thousand dollars, (\$1,000). Two scholarships will be awarded per calendar year.
- 4). The scholarship drawings will be held at the ABA home office no later than June of each year. These drawings will be strict "luck of the draw", meaning the entrants pulled are the winners. No preferential treatment will be given to any entrant. All applicants will be assigned a random number for drawing. The winners will be drawn from amongst all applicants and notified by certified mail.
- 5). Scholarships will be paid directly to the school that has been designated on each winners application. Each winner will also be required to submit an acceptance letter and photograph accompanied by a biography which will appear in an issue of the ABA Quarterly News Digest.
- 6). The National Director will coordinate the scholarship program with the authority to settle any or all eligibility requirements or disputes that may arise.

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

**APPLICATION DEADLINE
May 15, 2018**

INCOMPLETE APPLICATIONS WILL BE RETURNED

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 _____.
in _____ (Year) (School)
(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 email address: _____ @ _____.

(Student - printed name & signature)

(Parent/Guardian - printed name & signature)

(This section to be completed by Local or State President or ABA Nat'l Director)

This will certify that _____, _____
(APW-ABA members name) (SSN or EID# of member)

is a member in good standing of the Accident Benefit Association.

Date: _____ Signature: _____
(ABA Local or State President or ABA Nat'l Director)

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