WNY CWA Council - Eugene J. Mays Scholarship Application 2027

The WNY CWA Council's E.J. Mays Scholarship Fund has been contributing to the education of CWA Members and families for decades. The Council is made up of 7 CWA locals and the Retirees Chapter in the 8 counties of WNY. The Mays Scholarships are funded by the annual E.J. Mays Scholarship Golf Tournament and the annual E.J. Mays Awards and Scholarship Reception. Since the scholarship fund was established the council has increased both the number and amount of scholarships awarded annually. This coming year the council will be offering 14 scholarships of $1,500 each to a CWA member, child, grandchild or spouse from a participating local in the WNY Council.

CWA Members of locals participating in the WNY CWA Council, their children, grandchildren, and spouses (including dependents of retired or deceased CWA members) may apply. The applicant must be a **FULL TIME student** of an accredited 2 or 4 year college earning at least 12 credit hours for the **Fall 2027 semester** (verification of enrollment is required by no later than June 15th 2027 or the scholarship will be forfeited and an alternate will be selected).
No specific area of study is required. The deadline for application submission is October 9th 2026. Scholarship winners will be determined by a lottery drawing held on October 20th 2026. Winners will be notified after the drawing. The scholarships will be awarded to the winners at the 50th Annual Eugene J. Mays Memorial Awards and Scholarship Reception in February 2027, date and location TBA. Scholarship checks will be sent after the winner submits verification on school letterhead stating "Enrolled Full Time Fall 2027 semester" before the stated deadline of June 15th 2027. All scholarship award winners will be invited to the awards reception.

Eligible applicants must:
Complete the application legibly **(please print and submit clear readable apps, no photos will be accepted).**
Have the Sponsor's CWA Union Local verify membership by signing application.
Have the sponsor's Union Local forward the application to the WNY CWA Council.

Name of Applicant (First, Middle, Last):_____

Applicant's mailing Address (Street,City,State,Zip):_____

Phone: _____ Email:_____

Relationship to Sponsoring Member (Circle One): Self Child Grandchild Spouse

Name of Sponsoring Member (First,Middle,Last):_____

Sponsoring Members Address (Street,City,State,Zip):_____

Phone:_____ Email:_____

Sponsoring Member's Status (Circle One): Current Retired Deceased

Will you be a FULL TIME student in the FALL 2027 semester? (Circle One) YES NO

Do you fully intend to obtain a college degree? (Circle One) YES NO

If selected for this scholarship award, I fully agree to adhere to the decisions made by the Scholarship Fund Committee.

Signature of Applicant_____Date:_____

I certify that applicant is a member, child, grandchild or spouse of a member or retiree of Local #_____

Signature & Title of sponsoring local officer: _____