

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

APW*ABA

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

Keith Combs
APWU-DETROIT DISTRICT AREA LOCAL
20530 SOUTHFIELD ROAD
DETROIT, MI 48235

March, 2019

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TJS

APW-ABA
SCHOLARSHIP PROGRAM
HONORING

Thomas Hartos, Michael Tosches & Eugene Johnson

RECEIVED

MAR 12 2019

Deadline: May 15, 2019

A.P.W.U.
DETROIT DISTRICT AREA LOCAL

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,

Wayne D. Maurer

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

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★ Postal Workers Serving Postal Workers Since 1891 ★ 

2019 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 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 in 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 drawing 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 applications 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 winner's 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 News Digest.
6. The National Director will coordinate the scholarship program with the authority to settle any or all eligibility requirement or disputes that may arise.

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

**APPLICATION DEADLINE
May 15, 2019**

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 _____.
(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 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.

(ABA Local or State President or ABA Nat'l Director - signature & date)

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