

# CWA Local 1037

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*Communications Workers of America  
AFL-CIO*

## MICHAEL J. HOPKINS MEMORIAL SCHOLARSHIP 2025

### REQUIREMENTS

- The Scholarship is open to active and retired CWA Local 1037 Members, their spouses, children and grandchildren.
- All requirements must be satisfied; the completed scholarship application form and all requested information must be submitted for the application to be considered.
- Each applicant must include their most recent transcript from the institution in which they are currently enrolled.
- The applicant must be enrolled in an accredited college or technical school.
- The scholarships are available to Full Time and Part Time students.
- The scholarship will be granted to students for a period of one academic year. You may reapply for a scholarship.
- Ten \$1,037 scholarships will be awarded.
- All information MUST be returned electronically (scan QR code below) or via USPS, by August 1, 2025, to:

CWA LOCAL 1037  
1037 Raymond Boulevard, Suite 520  
Newark, NJ 07102

- The chosen scholarship award recipients will be notified by August 15, 2025



<https://www.surveymonkey.com/r/FWDQJNY>

**Scan QR Code for Online Scholarship Application**

**MICHAEL J. HOPKINS MEMORIAL SCHOLARSHIP  
2025 APPLICATION**

**Applicant Information**

- **Full Name:** \_\_\_\_\_
  - **Phone Number:** \_\_\_\_\_
  - **Email Address:** \_\_\_\_\_
  - **Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_
- 

**CWA Member Information**

- **Name of CWA 1037 Member:** \_\_\_\_\_
  - **Relationship to Applicant:** \_\_\_\_\_
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**Academic Information**

- **Current High School/College/Technical School:** \_\_\_\_\_
  - **College/Technical School Attending Next Semester:** \_\_\_\_\_
  - **Intended Major/Field of Study:** \_\_\_\_\_
- 

**Extracurricular Involvement**

- **List Clubs, Sports, Organizations, or Volunteer Work:**
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

## **Personal Statement / Essay**

*Please describe your academic and career goals, your relationship with the labor movement, personal experiences that have influenced your educational path and how this scholarship will help you achieve your goals (500 words minimum).*

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## **Letters of Recommendation**

(Attach one letter from a teacher, counselor, or mentor)

- Recommender Name & Title: \_\_\_\_\_
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## **Certification & Signature**

I certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that falsified information may disqualify me from consideration.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_