

## 2025 D.E. Kines/Elaine Huff Scholarship – Rules

D.E. Kines was the founding chair and served as leader of the CWA Retired Members Council (RMC). Elaine Huff was the President of the Chattanooga RMC and served as Secretary of the CWA RMC District 3.

### 1. Eligibility –

#### **Must Be...**

A CWA District 3 Retired Members Council, Member or Spouse

#### **OR**

A CWA District 3, Active Member or Spouse

#### **OR**

A Son, Daughter, Grandchild or Dependent of a living or deceased member of CWA District 3 Retired Members Council

#### **AND**

**MUST BE** a new or returning undergraduate student of an accredited college or university

### 2. Two scholarships will be awarded in a random drawing.

(One in the amount of \$1, 000. 00 and one in the amount of \$500)

3. Applications **must** be received by **July 11, 2025** (the drawing will be July 16, 2025)
4. Applicants **must** complete and sign the 2025 D.E. Kines/Elaine Huff Scholarship Application
5. **Incomplete, inaccurate, unsigned (by student) or late applications will not be considered**

The judges for the scholarship:

Gwen Parker, President, CWA District 3 Retired Members Council

Richard Honeycutt, Vice President, CWA District 3

Vickie Henninger, DEKines/Elaine Huff Memorial Scholarship Committee Chair

**Decision of the judges is final.**

Email applications to: [brcollins@cwa-union.org](mailto:brcollins@cwa-union.org)

2025 D.E. Kines/Elaine Huff Scholarship – Application

Applicant information: **(Please Print)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

Email \_\_\_\_\_ Social Security Number \_\_\_\_\_

Higher education institution attending this fall:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Major Course of Study \_\_\_\_\_

Scholarship Applicant is: **(check 1, 2 OR 3)**

1. \_\_\_\_\_ CWA District 3 Retired Members Council, Member or Spouse
2. \_\_\_\_\_ CWA District 3 Active Member or Spouse CWA Local Number \_\_\_\_\_
3. \_\_\_\_\_ Son, Daughter, Grandchild or Dependent **of a living or deceased member of CWA District 3 Retired Members Council**

\_\_\_\_\_ Name of CWA Member to whom applicant is related.

\_\_\_\_\_ Contact information & CWA Local number of member  
\_\_\_\_\_ to whom applicant is related.

**Applications must be received by July 11, 2025.**

I certify that all information on this application is correct

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Email applications to: [brcollins@cwa-union.org](mailto:brcollins@cwa-union.org)