



WEB

Worldwide Employee
Benefits Network

Cleveland Chapter

2009-2010 Program Year Scholarship Application

Name:

Mailing Address:

City:

Zip:

Email Address:

Phone Number:

Approximately, how long have you been a member of WEB?

Roughly, how many meetings have you attended in the past year?

1 to 3 meetings

4 to 6 meetings

6 or more meetings

Reason for application (permanent or temporary job loss, involuntary leave of absence, etc.):

Date of job loss:

Have you been or do you expect to be out of work for 60 or more days?

Yes

No

Thank you for your continued interest in WEB and for your application. Applications will be evaluated on a first-come, first-served basis with preference given to active members of longer standing. Applications will be evaluated on a rolling basis throughout the year. All requests will be kept confidential.

Please forward your completed application to:

Mary Cushing
Membership & Communications Chair - WEB Cleveland Chapter
2171 N. St. James Parkway
Cleveland Heights, Ohio 44106
E-mail: mcushing912@aol.com
Phone: 216.407.3147