

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



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

PRESIDENT
APWU-WESTERN NASSAU NY AREA LOCAL
PO BOX 217
UNIONDALE, NY 11553

February, 2026

APW-ABA
SCHOLARSHIP PROGRAM
HONORING
Thomas Hartos, Michael Tosches & Eugene Johnson

Deadline: May 15, 2026

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), so that we may verify ABA membership. All applications MUST be filled out in their entirety.

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,

A handwritten signature in cursive script that reads "Wayne D. Maurer".

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

★ Postal Workers Serving Postal Workers Since 1891 ★ 

2026 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 into 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 drawings 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 applicants 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 winners 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 requirements or disputes that may arise.

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

**APPLICATION DEADLINE
May 15, 2026**

APPLICATIONS MUST BE FILLED OUT IN THEIR ENTIRETY

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) (School)

in _____. My father, mother or legal guardian is a member
(City - State)

in good standing in the ABA and the _____ Local APWU.
(Local name)

ABA Members EID# _____

ABA Members Email address: _____ @ _____.

(Student - printed name & signature)

(Parent/Guardian - printed name & signature)

**ALL APPLICATIONS MUST BE SENT TO:
ABA Scholarship Program
PO Box 120, Rochester, NH 03866**

(This section to be completed by ABA National Director)

This application has been reviewed and certifies that the above member is a member in good standing of the Accident Benefit Association.

Local Name _____ Local # _____ Date Recv'd _____

ABA Nat'l Director _____ Date _____