

# Local Union 1600 I.B.E.W. Scholarship Program

## INTRODUCTION

The members of Local 1600 have a desire for their son(s) and daughter(s) to continue their education beyond high school. With the cost of higher education soaring, the debate in most member families is not whether they should pursue education beyond high school, but how to meet it's swiftly rising expense. Every person must have the opportunity to pursue his/her education to the limit of his or her ability and desire. For these reasons, Local 1600 has adopted the scholarship program for dependents of our members.

## OBJECTIVE

To provide financial assistance in order to enhance the educational opportunities for our members' children. By providing this scholarship, guaranteeing financial assistance for at least one year, a creditable record may enable the members' child to find other support without further union assistance. Local 1600 shall not discriminate against any applicant because of sex, race, creed or color.

## ELIGIBILITY

Dependent children must be the natural child or meet the IRS definition of dependent child of active, deceased or retired members in good standing of Local 1600, who are seniors in high school or who have graduated from high school. Applicants must fill out an application and submit it to the Local Union office.

**A verification of the applicant being accepted as a full-time graduate or under graduate student must accompany the application, as well as a photo, which will be returned if a self-addressed stamped envelope is included. This verification shall be either a letter of acceptance from the school or a copy of an invoice for any subsequent year.** The scholarship award is not available to those enrolled in study outside the United States or for correspondence study.

## AWARDS

Scholarships will be awarded by random drawing of the eligible applicants, conducted by an independent, uninterested party. Five (5) scholarship

of \$1,000 each will be award each year and be payable to the education facility in the name of the applicant.

Scholarships will be for one (1) year only, however; the applicant may reapply in the succeeding years. Applications must be received no later than October 1<sup>st</sup>. You may hand deliver or mail the application to the Local Union Office during business hours. Applications will be considered for the following academic year. Scholarship awards will be announced at the October Unit meetings.

## SELECTION OF WINNERS

The Executive Board of Local 1600 shall determine the eligibility of all applicants and their decision shall be final. Five (5) winners plus five (5) alternates will be drawn at random. A scholarship will be awarded to alternates (in numerical order of drawing) in the event one or more of the five (5) successful applicants become ineligible.



*If applying for a scholarship, please complete this form & return to the Local Office by October 1, 2018*  
**I.B.E.W. LOCAL UNION 1600 APPLICATION FOR SCHOLARSHIP**

(PLEASE PRINT CLEARLY)

NAME: \_\_\_\_\_  
LAST FIRST MI

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

SOCIAL SECURITY NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Married: \_\_\_\_\_ Single: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Check one)

(Complete next page)

High School \_\_\_\_\_  
(Name of School) (City & State)

College/University/Institute \_\_\_\_\_  
(You plan to attend) (Name) (City & State)

Degree and Major You Plan to Pursue \_\_\_\_\_

Will you be a full-time Student? Yes \_\_\_\_\_ No \_\_\_\_\_

For the Fall Semester, I will be a: Freshman \_\_\_\_\_ Soph. \_\_\_\_\_ Jr. \_\_\_\_\_ Sr. \_\_\_\_\_ Grad. Student \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Please indicate which Parent(s) is/was a Local 1600 member:

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Location: \_\_\_\_\_

Union Card Number \_\_\_\_\_

List any other information, ie (honors, awards, and membership in any organization, special experiences)

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### I.B.E.W. LOCAL UNION 1600 APPLICATION FOR SCHOLARSHIP

I hereby indicate my understanding that the decision of the Executive Board of Local Union 1600 in the selection of scholarship winners is final and binding on all applicants. I understand that the Union reserves the right at any time and without giving any reason to terminate, cancel, or end the Program provided that scholarships or awards already granted and/or announced shall run to the end promised and publicly stated.

I agree that should I become a successful candidate for the Local Union 1600 scholarship, I shall comply with all the rules and regulations set down by the Executive Board for such scholarship.

In the event, I am awarded a Local Union 1600 scholarship, I hereby give my permission to Local Union 1600 to publish my name, picture, or use whatever publicity it deems appropriate.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature of Guardian/Parent)

\_\_\_\_\_  
(Signature of Applicant)

Local 1600 Card Number \_\_\_\_\_

Date of Retirement \_\_\_\_\_

Date Deceased \_\_\_\_\_