

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)

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 _____