IBEW LOCAL UNION 6/SFECA and LMCC SCHOLARSHIP PROGRAM APPLICATION FORM

PLEASE PRINT OR TYPE ALL ENTRIES

Name							
	(Last)		(First)		(Middle)		
Home							
Address	(Numb	per and Stre	ot)	(City)	<u> </u>	(State-Zip)	
	(Num		el)	(City))	(State-Zip)	
Mailing Address							
-		(Number ar	nd Street)	(City))	(State-Zip)	
Home Telephone Alternate Telephone							
		(Include are			seption	(Include area code)	
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Name of qualifying parent and his/her affiliation:							
(Nomo) (Contributing Contractor of Local C)							
(Name)			((Contributing Contractor of Local 6)			
Photograph	Photograph: Please submit a photograph of yourself. This will not be returned.						
List High Schools, and other schools, colleges or universities attended, giving							
name, date of attendance and date (month/year) of graduation. Attach most							
recent academic transcript.							
I plan to attend							
(Name of College)							
I HEREBY DECLARE that I have read all statements on the application form and							
that to the best of my knowledge and belief, they are correct and complete. I will be willing to be interviewed regarding this application.							
	be inter	vieweu iege	arung uns	application			
All scholarship awards will be final as determined by the Selection Committee.							
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Signature					Date		
Submit form	(Applie	,	c	Sobolorobio	Commi	ittoo	
Submit Iofm	is and d			Scholarship C/o EISB In			
						Suite 700	
				720 Market Street, Suite 700 San Francisco, CA 94102			