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

PLEASE PRINT OR TYPE ALL ENTRIES

Name_____
(Last) (First) (Middle)

Home Address_____
(Number and Street) (City) (State-Zip)

Mailing Address_____
(Number and Street) (City) (State-Zip)

Home Telephone_____ Alternate Telephone_____
(Include area code) (Include area code)

Name of qualifying parent and his/her affiliation:

_____
(Name) (Contributing Contractor of Local 6)

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.

All scholarship awards will be final as determined by the Selection Committee.

Signature_____Date_____
(Applicant)

Submit forms and documents to:

Scholarship Committee
C/o EISB Inc.
720 Market Street, Suite 700
San Francisco, CA 94102