

I.B.E.W. Local 2067

Scholarship Application

NAME OF APPLICANT: _____

AGE: _____ **DATE OF BIRTH:** _____
(DAY/MONTH/YEAR)

SPOUSE, PARENT OR GUARDIAN: _____

ADDRESS: _____

OCCUPATION: _____

INSTITUTE APPLIED AT: _____

EDUCATION PLANS: _____

GRADE XII MARKS:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHARACTER REFERENCES:

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

NOTE: PERSONAL RESUME MAY BE ATTACHED TO APPLICATION.

