

IBEW 99 SCHOLARSHIP FUND
22 Amflex Drive
Ph: (401) 946-9900 Fax: (401) 943-9908

IBEW Local 99 SCHOLARSHIP APPLICATION # 2016-2017

STUDENT: Please complete the first section.

First Name MI Last Name

** Mailing Address City State Zip Code

Date of Birth Phone Number

Name and Address of School
\$

Fill in the amount of **tuition**, for one (1) year (**NO BOOKS OR DORM FEES**)

Enter year you expect to graduate Is this a 4 or 5 year program? Have you applied to this fund before?

MEMBER: Please complete this section.

First Name MI Last Name

Address City State Zip

Phone Number Date of Birth

Does the student qualify under IBEW Local 99 rules?

I do hereby certify that the information given above is correct to my knowledge: _____ Date

Member _____ Student _____
Signature Signature

Return completed application to IBEW 99 Scholarship Fund,
22 Amflex Drive, Cranston, Rhode Island 02821

FOR OFFICE USE ONLY

APPROVED REJECTED
REASON

Check #
Date:

Full Scholarship
 Half Scholarship

Fall Grades Enclosed
 Credits total
 Fall Tuition Enclosed
 Spring Grades Enclosed
 Spring Credits Total
 Spring Tuition Enclosed