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jeremy@ibew1426.org Local Union 1999, IBEW David Miller Business Manager/President PO Box 2001 North Mankato, MN 56002

davidamiller001@gmail.com

IBEW HINNESOTA STATE COUNCIL

### TO: APPLICANTS OF CHARLES R. BRETT IBEW MINNESOTA STATE COUNCIL SCHOLARSHIP

This scholarship is offered to children of IBEW members who are in good standing with an IBEW Local affiliated with the Minnesota State Council.

Applicants must be attending or planning to attend a college, university, vocational technical or trade school (two-year minimum program) as a full-time undergraduate student acceptable to the scholarship committee.

Two \$1,000.00 scholarships and two \$500.00 scholarships are available and will be drawn by lot. This award will be a sustaining type of award toward the payment of tuition fees, books, and supplies.

**Qualifications:** 

- 1. Applicants must be a child of an IBEW member. Previous winners are not eligible.
- 2. Applicants must have received a grade point average of "C" or better.
- 3. Responsibilities of winners: The winner is expected to attend a college, university, vocational technical or trade school on a full-time basis, with a full academic load of classes appropriate for the chosen curriculum and to begin study by the fall school term following selection. The scholarship recipient is required to send a copy of their official high school or college transcripts as well as a copy of official receipts from the school registrar to the scholarship secretary. The scholarship recipient must maintain the academic average required by the institution they attend in order to receive the full financial benefit of this award.

Scholarships are non-transferrable and are forfeited if the student withdraws or fails to meet the above standards.

The creation of the scholarship program is a free will act of the IBEW Sate Council, and they retain the right to alter, suspend, cancel, or halt the IBEW State Council Scholarship Program at any time and without giving reason, provided however, that scholarship winners already under the program will receive their scholarship.

#### **CHARLES R. BRETT**

## I.B.E.W. MINNESOTA STATE COUNCIL

## **Scholarship Application**

# Entry Deadline: Monday, May 6, 2024

		YEAR.			
FULL NAME			TODAY'S DATE		
HOME					
ADDRESS					
:	Street	City	STATE	Zip	
HOME PHONE NUMBE	ER ( )	DATE OF BIRT	ГН	AGE	
HIGH SCHOOL ATTEND	DED		_ YEAR OF GRAD	UATION	
PRESENT STUDENT ST/	ATUS				
CHOSEN FIELD OF STU	DY				
WHICH COLLEGE/UNIV	/ERSITY/VOCATIONAL T	ECHNICAL/TRADE SCHOOL ARE YO	OU CONSIDERING	G OR CURRENTI	Y ATTENDING
		CARI			
			D NO		
	clude with their applica				
On a separate she specifics.	et, please write a one-h	hundred-word statement reflectin	ng your perceptic	on of Labor Unic	ons. Include
-	ur most recent transcrip	ots that indicate a passing grade o	f "C" or better.		
					-
					-
	To be co	mpleted by the <u>Mem</u>	<mark>ıber's Unic</mark>	<mark>on</mark> :	-
I certify that	To be co	mpleted by the <u>Mem</u> is a member in good stan	<mark>ıber's Unic</mark>	<mark>on</mark> :	-
I certify that	To be co	mpleted by the <u>Mem</u> is a member in good stan	<mark>ıber's Unic</mark>	<mark>on</mark> :	-
I certify that Business Manager	<b>To be co</b> Print Name	mpleted by the <u>Mem</u> is a member in good stan	<b>1ber's Unic</b>	<mark>on:</mark> Local #	-
I certify that Business Manager	To be co Print Name ication must be fully co	mpleted by the <u>Mem</u> is a member in good stan 	<b>1ber's Unic</b> nding in I.B.E.W. I <b>transcript, and B</b>	<mark>on:</mark> Local #	-
I certify that Business Manager	To be co Print Name ication must be fully co	mpleted by the <u>Mem</u> is a member in good stan Signature pmpleted, include statement and	<b>1ber's Unic</b> nding in I.B.E.W. I <b>transcript, and B</b>	<mark>on:</mark> Local #	-
I certify that Business Manager	To be co Print Name ication must be fully co	mpleted by the <u>Mem</u> is a member in good stan Signature pmpleted, include statement and er than Monday, May 6, 2024. Ma	<b>1ber's Unic</b> nding in I.B.E.W. I <b>transcript, and B</b>	<mark>on:</mark> Local #	-
I certify that Business Manager	To be co Print Name ication must be fully co	is a member in good stan Signature Signatu	<b>1ber's Unic</b> nding in I.B.E.W. I <b>transcript, and B</b>	<mark>on:</mark> Local #	-