# \\MBIGSERVER\PublicData\client data\PSMA\IBEW Local 30\Local 30 Logo.jpg

**IBEW LOCAL 30**

**2023 Scholarship Application**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| PLEASE TYPe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| cHECK ONE □ High school Senior □ College OR GRADUATE SChOOL Student □ TRADE SCHOOL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | |  | | | | | | | | | | First | | | |  | | | | | | | | | | M.I. | | |  | Date | |  | |
| Street Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | |  | | | | |
| City | | | | |  | | | | | | | | | State | | | | |  | | | | | | | | | ZIP | |  | | | | | | |
| Home Phone | | | | |  | | | | | | | | | E-mail Address | | | | |  | | | | | | | | | | | | | | | | | |
| Cell Phone | | | | |  | | | | | | | Date of Birth/Age | | | | | | | | | | | | | | | | | | | | | |  | | | |
| IBEW Local 30 Member (Parent/Guardian Name)  Who is an IBEW Local 30 Member | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | \* the applicant’s parent/ legal guardian must be a full member in Good standing of IBEW Local 30 to be eligible. | | | | | Organization |  | Amount Expected |  | | Organization |  | Amount Expected |  | | Organization |  | Amount Expected |  | | Organization |  | Amount Expected |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| School Name | | | | |  | | | | | | | | | | | Address | | |  | | | | | | | | | | | | | | | | | | | |
| From | | | | | To | | | | | Expected Graduation Date | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work Experience | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company 1 | | |  | | | | | | | | | | | | | | | Phone | | | ( ) | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | Job Title | | | |  | | | | | | | | | | | | | | |
| From |  | | | To | | | |  | Responsibilities | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Company 2 | | |  | | | | | | | | | | | | | | | Phone | | | ( ) | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | Job Title | | | |  | | | | | | | | | | | | | | |
| From |  | | | To | | | |  | Responsibilities | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACADEMIC AND COMMUNITY ACTIVITIES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | | | | Position | | |  | | | | | | | | | | | | | | | | | | |
| From | | | | |  | To |  | | | | Describe Organization | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | | | | Position | | |  | | | | | | | | | | | | | | | | | | |
| ACADEMIC AND COMMUNITY ACTIVITIES (CONTINUED) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | | | | |  | To |  | | | | Describe Organization | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | | | | Position | | |  | | | | | | | | | | | | | | | | | | |
| From | | | | |  | To |  | | | | Describe Organization | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| honors and awards received | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | | | | Honor/Award | | |  | | | | | | | | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | | | | Honor/Award | | |  | | | | | | | | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | | | | Honor/Award | | |  | | | | | | | | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | | | | Honor/Award | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| rankings and other information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Class Standing Grade Point Average (out of 4.0)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Class Size | | | | |  | | | | | | | | | | | Class Rank | | |  | | | | | | | | | | | | | | | | | | |
| Top 10% | | | | |  | | | | | | | | | | | Top 25% | | |  | | | | | | | | | | | | | | | | | | |
| **Field of Study** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intended Major | | | | |  | | | | | | | | | | | Intended Minor | | |  | | | | | | | | | | | | | | | | | | |
| If undecided, what field of study interests you most? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide the most current transcript. An unofficial transcript may be submitted with this application, but scholarship recipients may be asked to provide an official transcript. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list at least (1) professional references but no more than three who will write confidentially about your character. **These letter(s) must accompany this application. Letters can be from an advisor or professor, work, church or community affiliation.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | |  | | | | | | | | | | | | | | Relationship | | | | | |  | | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | | | | | | | Phone | | | | ( ) | | | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | |  | | | | | | | | | | | | | | Relationship | | | | | | |  | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | | | | | | | Phone | | | | | ( ) | | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | |  | | | | | | | | | | | | | | Relationship | | | | | | |  | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | | | | | | | Phone | | | | | ( ) | | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| assignment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Identify an issue that currently affects (positively or negatively) the quality of life in your community. Write to your Representative in Congress explaining the issue, its impacts and requesting action on their part. Just a few samples could be overdevelopment of warehouses, public water contamination, cannabis businesses, homelessness, etc. You may use any of the sample topics suggested or research one on your own. Feel free to be creative and be original. To find your representative, go to** [**https://www.house.gov/representatives/find-your-representative**](https://www.house.gov/representatives/find-your-representative)  **Please submit your assignment with this application completed in its entirety, signed and dated.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to me being selected for a scholarship, I understand that false or misleading information in my application or interview may result in the retraction of the scholarship. I also understand that I will adhere to the requirements and procedures required by IBEW Local 30, otherwise any awards can be delayed or revoked. I agree to follow the guidelines and criteria as stipulated by IBEW Local 30 or I will forfeit any and all scholarship funds. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Signature | | | | |  | | | | | | | | | | | | | | | | | | | | | | Date | | | |  | | | | | |
| Parent/Guardian Signature (optional) | | | | |  | | | | | | | | | | | | | | | | | | | | | | Date | | | |  | | | | | |

# COMPLETE Applications must be Received by NOVEMBER 1, 2023.

**Please return the completed application by email along with all of the required supplemental materials to**:

IBEW Local 30

Attn: Lisa Ginther

Scholarship Committee

Email:  [info@ibewlocal30.org](mailto:info@ibewlocal30.org)

**A confirmation email will be sent following the application submission to IBEW Local 30. Please be sure to include a currently used email address and add** [**info@ibewlocal30.org**](mailto:info@ibewlocal30.org) **to your recipient safe list to ensure receipt of the confirmation email.**