



Oregon-Columbia Chapter, NECA Scholarship Eligibility Certification Form

General Information: To be completed by the applicant

EMPLOYED PARENTS NAME:	_____
HOME ADDRESS:	_____ _____ _____
OCCUPATION:	_____ _____
NECA MEMBER COMPANY NAME:	_____

I understand and agree that if I am awarded a scholarship I will use the money for college education purposes.

I certify that all the statements in this application are correct to the best of my knowledge.

Printed Name of Applicant: _____

Signature of Applicant: _____

Applicant Address: _____

Date: _____

Email: _____

THIS ELIGIBILITY CERTIFICATION FORM

must be returned to the

Oregon-Columbia Chapter, NECA office by

March 1, 2019

601 N.E. Everett

Portland, OR 97232