



Oregon-Columbia Chapter, NECA Scholarship Eligibility Certification Form

General Information: To be completed by the applicant

It is imperative that you fill out and return this form to kelli@orecolneca.org in order for eligibility to be verified. If you do not return this form, you may not be considered.

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: _____

**Applicant
Email:** _____

THIS ELIGIBILITY CERTIFICATION FORM

must be returned to the

Oregon-Columbia Chapter, NECA office by

April 1st

601 N.E. Everett

Portland, OR 97232

Or email to Kelli Thompson, kelli@orecolneca.org