



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 info@orecolneca.org for eligibility to be verified. If you do not return this form, you may not be considered.

<p>EMPLOYED PARENTS NAME: _____</p> <p>HOME ADDRESS: _____ _____</p> <p>OCCUPATION: _____</p> <p>NECA MEMBER COMPANY NAME: _____</p>
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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:** _____

<p>THIS ELIGIBILITY CERTIFICATION FORM</p> <p>Must be returned to the</p> <p><u>Oregon-Columbia Chapter, NECA Office by</u></p> <p>March 2, 2026</p> <p>601 NE Everett St.</p> <p>Portland, OR 97232</p> <p>Or email to info@orecolneca.org</p>
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