

IBEW LOCAL 499

2025 SCHOLARSHIP

APPLICATION



Applicants Name: _____ Phone Number: _____

Address: _____
No. Street City State Zip

Member's Name: _____ Member's IBEW Card No: _____

Member's Address: _____
No. Street City State Zip

Date of Application: _____ Graduation Date: _____

High School: _____
Name City State

High School Phone No: _____ SAT/ACT Test Scores: _____

Post Secondary Plans: _____
School Name City State

The following must be included with this application:

- Official Application
- Personal Resume
- Essay of 250-300 Words
- Three (3) Letters of Recommendation