IBEW MINNESOTA STATE COUNCIL

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TO: APPLICANTS OF CHARLES R. BRETT
IBEW MINNESOTA STATE COUNCIL SCHOLARSHIP

This scholarship is offered to children of IBEW members who are in good standing with an IBEW Local affiliated with the Minnesota State Council

Applicants must be attending or planning to attend a college or vo-tech (two-year minimum program) as a full-time undergraduate student acceptable to the scholarship committee.

Two $1,000.00 scholarships and two $500.00 scholarships are available and will be drawn by lot. This award will be a sustaining type award toward the payment of tuition fees, books and supplies.

Qualifications:

1. Applicants must be a child of an IBEW member. Previous winners are not eligible.

2. Applicants must have received a grade point average of “C” or better.

3. Responsibilities of winners: The winner is expected to attend a college or vo-tech on a full-time basis, with a full academic load of classes appropriate for the chosen curriculum and to begin study by the fall school term following selection. The scholarship recipient is required to send a copy of their official grade reports as well as a copy of official receipts from the school registrar to the scholarship secretary. The scholarship recipient must maintain the academic average required by the institution they attend in order to receive the full financial benefit of this award.

Scholarships are non-transferable and are forfeited if the student withdraws or fails to meet the above standards.

The creation of the scholarship program is a free will act of the IBEW State Council, and they retain the right to alter, suspend, cancel, or halt the IBEW State Council Scholarship Program at any time and without giving reason, provided however, that scholarship winners already under the program will receive their scholarship.
CHARLES R. BRETT
I.B.E.W. MINNESOTA STATE COUNCIL
Scholarship Application

Entry deadline: Monday May 11, 2020

TO BE COMPLETED BY ALL APPLICANTS PLANNING TO BE ENROLLED AS FULL TIME UNDERGRADUATE STUDENTS THIS COMING ACADEMIC YEAR.

FULL NAME_____________________________________

HOME ADDRESS_________________________________________________________________

Street
City
State
Zip

HOME PHONE NUMBER (         ) ______________

DATE OF BIRTH______________AGE____

HIGH SCHOOL ATTENDED___________________________YEAR OF GRADUATION ______

PRESENT STUDENT STATUS____________________________________________

CHosen FIELD OF STUDY_____________________________________________________

WHICH COLLEGE/UNIVERSITY/VO-TECH/TRADE SCHOOL ARE YOU CONSIDERING OR CURRENTLY ATTENDING?_____________________________________________________

NAME OF PARENT OR GUARDIAN IN UNION_____________________________________

IBEW LOCAL UNION AFFILIATION (UNION #) ____________ CARD #___________________

Applicant must include with their application:

1. On a separate sheet, please write a one hundred word statement reflecting your perception of Labor Unions. Include specifics.

2. A transcript of your most recent grades that indicate a passing grade of "C" or better.

APPLICANT' S SIGNATURE ____________________________________________________

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To be completed by the Member’s Union:

I certify that ____________________is a member in good standing in I.B.E.W. Local #____

Business Manager ______________________________________________________________________

Print Name ___________________________ Signature __________________________

This application must be fully completed, include statement and transcript and be postmarked no later than Monday May 11, 2020. Mail to:

IBEW Minnesota State Council
IBEW Local Union #31
2002 London Rd; Suite #105
Duluth, MN  55812