



# Oregon-Columbia Chapter, NECA Scholarship Eligibility Certification Form

**General Information:** to be completed in ink or by typewriter 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.

**Signature of Applicant:**

\_\_\_\_\_

**Applicant Address:**

\_\_\_\_\_

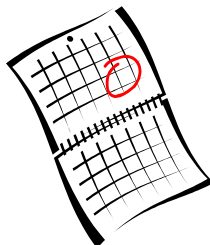
\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Phone:**

\_\_\_\_\_



**THIS ELIGIBILITY CERTIFICATION FORM  
must be returned to the  
Oregon-Columbia Chapter, NECA office by  
March 1, 2005.  
601 N.E. Everett  
Portland, OR 97232**

