



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 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 via email to

Oregon-Columbia Chapter, NECA at info@orecolneca.org by

March 3rd, 2025