



IBEW LOCAL 8 SCHOLARSHIP FUND

Scholarship Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth: _____

Are you a citizen of the United States? YES NO

How would you best describe yourself? IBEW Local 8 Scholarship Fund ensures that all personal information remains confidential and is never shared with unauthorized individuals. Check all that apply:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic, Latino, or Spanish origin
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Some other race, ethnicity, or origin
- Prefer not to disclose

Student Type. Select option that best describes you for the current 2019-2020 school year:

- High School Junior
- High School Senior
- College Student
- Returning Student
- GED Certificate
- Not Enrolled

Applicant Type. Renewal Applicant refers only to those who received a renewable scholarship from Local 8's Scholarship Fund (previously administered by Toledo Community Foundation) in prior years.

- New Applicant
- Renewal Applicant

High School Information

High School Student: Provide information for the High School you are currently attending.
Non-High School Student: Provide information for the High School you graduated from or received your GED.

High School: _____ Address: _____

High School Graduation Date: High School students should enter the date of upcoming high school graduation. College and Returning Students should enter the date of graduation. GED Students should provide the date the GED certificate was obtained.

MM/DD/YYYY: _____

Local 8 Information

You are required to submit the following information so the IBEW Local 8 Scholarship Fund can verify your parent/legal guardian's affiliation with Local 8. Information regarding your parent/legal guardian is only used for internal verification purposes and will not be shared publicly with any unauthorized individual outside of Local 8.

Relationship with Local 8:

The IBEW Local 8 Scholarship is for students who are dependents of deceased or disabled Local 8 members or Local 8 members who are disabled themselves (participating in Local 8's Health and Welfare Plan and pursuing a degree at an accredited post-secondary institution). Check the option that best describes your situation:

- Dependent of deceased member of Local 8.
- Dependent of disabled member of Local 8.
- Disabled Member of Local 8.

Provide the following information for the parent/legal guardian affiliated with Local 8:

Full Name: _____

Date range of employment through Local 8: _____
(Example: May 2000-December 2018)

Additional Information: If you have any additional information you would like to include about your parent/legal guardian, you may include it below.

Academic Achievements

Current Cumulative GPA: _____ Cumulative GPA for last completed semester/quarter/term: _____

College Entrance Examination Board Scores: Provide SAT score, ACT score, or both.

SAT Score: _____ ACT Score: _____

College Credits (earned in High School): Indicate the number of college credits you will have by the time you graduate high school. This includes dual enrollment classes, college credit plus courses, and other similar high school programs. (Exclude AP classes unless student is receiving college credit):

Academic Achievements: Provide a list of your academic achievements, including but not limited to honors, AP classes with test scores, academic awards, attendance records, competitions, etc.

Example: National Honors Society, Grades 11-12; Honor Roll, Grades 9-12; AP Calculus Test Score 4/5, Grade 11; Debate Team District Finals, Grades 11-12

Extracurricular Activities and Community Service

Please fill out the following chart to show the extracurricular activities, community service, and volunteering you are involved in or have been involved in throughout high school. This includes, but is not limited to, clubs, teams, volunteer & community organizations, government/civic, leadership, military, sports, recreation, religious, art, etc.

Name of Organization, Club, or Team	Position including any leadership role	Time Involved (Years or Grade Levels)	Estimate Hours per Year for that Activity

Education Financing

The IBEW Local 8 Scholarship Fund ensures all financial information remains confidential and is never shared with unauthorized individuals.

Cost of Attendance: Provide your estimated cost of attendance for one school year at your chosen school or 1st choice school that you plan to attend in the fall. Include tuition, annual fees, room & board, meal plans, and textbooks/supplies.

\$ _____

Financial Responsibility: Select the percentage of your annual education costs that you, the applicant, are financially responsible for:

- 100%
- 90-99%
- 75-89%
- 50-74%
- 1-49%
- 0%

Sources of Funding: List the sources of funding you have received or have applied for and are awaiting a decision. Include if it is a one-time or renewable award.

Example:

\$1,000 (Renewable), University Scholarship – Received; \$3,000 (One-time), Education Scholarship – Awaiting decision; \$1,500 (Possible Renewable), Federal Pell Grant - Received

Types of Funding: Check all the types of funding you plan to use to finance your post-secondary education.

- | | |
|--|--|
| <input type="checkbox"/> Grants – Federal or State | <input type="checkbox"/> Savings - Parental |
| <input type="checkbox"/> Income - Parental | <input type="checkbox"/> Savings – Personal |
| <input type="checkbox"/> Income – Personal | <input type="checkbox"/> Scholarships – Awarded by College |
| <input type="checkbox"/> Loans – Federal | <input type="checkbox"/> Scholarships – Awarded by Other Organizations |
| <input type="checkbox"/> Loans – Private | <input type="checkbox"/> Other Sources Not Listed Here |

Work in College:

- I plan to work during college.
- I currently have a job lined up during college.
- I do not plan to work during college.
- I am not sure of my work plans yet.
- Other

Housing Plans in College: (Check all that apply)

- Commute from Home.
- Distance/Remote Learning
- Off Campus Housing.
- On Campus Housing.
- Unknown at this time.

Parent/Legal Guardian 1:

Full Name: _____

- I live with Parent/Legal Guardian 1
- I partially live with Parent/Legal Guardian 1
- I do not live with Parent/Legal Guardian 1

Occupation – Parent/Legal Guardian 1: Provide the company/business/organization where Parent/Legal Guardian 1 is employed.

Parent/Legal Guardian 2:

Full Name: _____

- I live with Parent/Legal Guardian 2
- I partially live with Parent/Legal Guardian 2
- I do not live with Parent/Legal Guardian 2

Occupation – Parent/Legal Guardian 2: Provide the company/business/organization where Parent/Legal Guardian 2 is employed.

Do your Parents/Legal Guardians claim you as a dependent when they file their taxes? For purposes of this scholarship, a dependent is a child under the age of 19, or, if a full-time student, under the age of 24. Typically, your parents/legal guardians will claim you until the age of 24, but make sure to verify this with your parents/legal guardians.

- Yes, my parents claim me.
- No, I claim myself.
- No, I file a joint return with my spouse.

Dependents in Household:

Number: _____

Individuals in Home: List the individuals other than yourself and your parents/legal guardians who reside in your home. Include their relationship to you, name, and age.

Work Experience

Employment Type: Check your current type of employment. This excludes volunteer experience.

- Co-op/Internship (Paid)
- Freelance or Consulting
- Full-time
- Internship (Unpaid)
- Other
- None

Current Employer: _____

Start Date: _____

Estimate the number of hours you have worked at your current employer since your start date: _____

Work History: You must include any paid work experience or unpaid internship/co-op during the past four years, beginning with your most recent position mentioned above. For each position, include employer name, your title/position, dates of employment, hours worked and a brief explanation of the type of work or if your position includes a leadership aspect.

Essay

Include with your application, a typed essay describing your college and career goals. Describe the driving force (what, who) that helps you set and maintain your goals, and how a post-secondary education will help you achieve them. Include if you have plans to pursue a career in the greater Toledo area upon graduation. If you have received this scholarship in the past, you can also include how the past funding has helped you pursue your college and career goals.

Applicant Agreement

I hereby certify that the information provided on this Application is, to the best of my knowledge, true and correct.

I agree to provide the IBEW Local 8 Scholarship Fund with additional information, if requested, to determine my qualifications for the Scholarship.

If selected as a recipient, I agree to provide the IBEW Local 8 Scholarship Fund with all required follow up documentation prior to making a scholarship payment to verify my enrollment at an accredited post-secondary institution, and that I am in compliance with the conditions of any scholarship awarded.

Signature: _____ Date: _____