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IBEW MINNESOTA STATE COUNCIL



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, university, vocational technical or trade school (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 of 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, university, vocational technical or trade school 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 high school or college transcripts 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-transferrable 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 5, 2025

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

FULL NAME _____ TODAY'S DATE _____

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/VOCATIONAL TECHNICAL/TRADE SCHOOL ARE YOU CONSIDERING OR CURRENTLY ATTENDING?

NAME OF PARENT OR GUARDIAN IN UNION _____

IBEW LOCAL UNION AFFILIATION (UNION #) _____ CARD NO. _____

Applicant must include with their application:

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

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

APPLICANT'S SIGNATURE _____

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 6, 2024. Mail to:**

IBEW Minnesota State Council
Local Union 292 IBEW
6700 W Broadway Avenue
Brooklyn Park, MN 55428