

**LOCAL UNION 159 IBEW  
HANK AND FREDA SUCHOMAN  
SCHOLARSHIP FUND RULES**

1. Applicants must be a member of IBEW Local Union 159, or a child or spouse of an active member, retired member, or deceased member of Local Union 159.
2. The applicant must be a high school graduate or have a high school equivalent diploma granted by a school or institution authorized to issue Diplomas.
3. The applicant must attend an accredited school, either at a four (4) year college, University, or a degree program at a Technical College or other accredited two (2) year college.
4. The applicant will not be eligible if he or she will receive Five Hundred Dollars or more from other scholarships or grants for the same academic year that this scholarship would be awarded for.
5. The applicant will not be eligible for this scholarship if their major field of study is Physical Education, Music, or Art.
6. The student must complete the enclosed application blank, submit their high school transcripts, college transcripts and a letter of recommendation from the Principal or Counselor.
7. The applicant must include a current personal photograph (approximately 2" x 2") with their application to be used for publicity purposes only.
8. The applicant should include a short resume giving information on school activities they have participated in and other honors they have received.
9. The Scholarship will consist of an amount sufficient to pay tuition and to cover the cost of required books and school supplies. Proof of registration and cost of books and school supplies will be required.
10. The Scholarship Funds will be given to the recipient or recipients upon proof of registration at the beginning of each Semester.
11. The Scholarship Committee will select a recipient or recipients from the qualified applicants in August. This committee will be appointed by the Executive Board of Local 159 IBEW, Madison, WI.
12. The recipient or recipients will be selected on the basis of merit and need, however applicants pursuing a course of study related to the electrical industry or electrical field will be given priority.
13. A scholarship from this fund may be awarded to the same individual in succeeding years.
14. The completed applications with attached transcripts, letters of recommendations, and resumes must be received by the office of Local Union 159 by Wednesday May 1<sup>st</sup> 2019. Mail applications to the following address:

Local Union 159 IBEW  
Hank & Freda Suchoman Fund  
4903 Commerce Court  
McFarland, WI 53558  
Telephone: 608-255-2989  
FAX: 608-255-3014

**LOCAL UNION 159 IVEW  
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**INSTRUCTIONS:**

Please type or print. Answer all questions that apply to you completely. Read attached scholarship rules.

Name of Applicant: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Male ( ) Female ( ) Married ( ) Single ( )

Age ( ) Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(mo-day-yr) (City) (State)

Place of Employment: \_\_\_\_\_ How Long? \_\_\_\_\_  
(Employer) (Address)

Local Union 159 Affiliation: Member ( ) or child ( ) Spouse ( ) of member

Father's Name \_\_\_\_\_ Member Local 159 ( )  
(Last) (First) (Middle)

Mother's Name \_\_\_\_\_ Member Local 159 ( )  
(Last) (First) (Middle)

Spouse's Name \_\_\_\_\_ Member Local 159 ( )  
(Last) (First) (Middle)

High School attended: \_\_\_\_\_  
(Name) (City) (State)

Month & Year Graduated \_\_\_\_\_ Name of Principal \_\_\_\_\_

Equivalent High School Diploma: Yes ( ) No ( ) Month & Year Granted \_\_\_\_\_

School or Institution Granting Diploma \_\_\_\_\_

Grade Point Averages: 10<sup>th</sup> ( ) 11<sup>th</sup> ( ) 12<sup>th</sup> ( ) General Equivalent Diploma (GED) Grade: ( )

Name of Technical School, College or University you will attend on a full time basis in a Degree Program.

\_\_\_\_\_  
(Name) (Address) (City) (State & Zip)

My major field or course of study will be \_\_\_\_\_

Number of Credits Planned are: Semester 1 ( ) Semester 2 ( )

Scholarship will be for Semester 1 ( ) Semester 2 ( ) Both ( )

I will be enrolled as a Freshman ( ) Sophomore ( ) Junior ( ) Senior ( )

Over all Grade Point Average ( ) Last Semester Grade Point Average ( )

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What other Scholarships will you receive or have you applied for:

\_\_\_\_\_

Amount of other Scholarships: \_\_\_\_\_

Do you have a financial appointment with the ROTC. Yes ( ) No ( )

Please list sources and amounts of financial support for this school year.

Parents \_\_\_\_\_ Spouse \_\_\_\_\_ Savings \_\_\_\_\_ Earnings \_\_\_\_\_

Please list estimated cost of the following items for the school year:

Tuition \_\_\_\_\_  
Books \_\_\_\_\_  
Supplies \_\_\_\_\_  
Total \_\_\_\_\_

List other expenses as indicated below. (These are not covered by the scholarship but are necessary to determine need)

Lodging \_\_\_\_\_  
Meals \_\_\_\_\_  
Misc. \_\_\_\_\_

**CERTIFICATION AND AUTHORIZATION**

I hereby certify that the information in this application is accurate and complete to the best of my knowledge.

I understand that the decision of the Hank and Freda Suchoman Scholarship Committee in the selection of the Scholarship Winner is final and binding on all applicants.

I agree that in the event I am chosen as the successful applicant for this Scholarship Grant, I shall comply with all the rules and regulations set by the Hank and Freda Suchoman Committee for such scholarship.

I hereby authorize the release of the information in this application to individuals, parties, or agencies involved in the determination of my eligibility and qualifications for this scholarship, also the release of my name to the new media if I am awarded the scholarship.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_