

SOUTHEAST LINEMAN TRAINING CENTER



LINEMAN COUNTRY SCHOLARSHIP APPLICATION

Candidate must have an active Program Application with SLTC

Conoral Information

General information							
Full Name (Last, First and Middle)				Date of	Date of Birth (MM/DD/YYYY)		
Address		City	State	:	Zip Code	Country	
Phone	Email	Email Name of Parer			ts		
(if applicable) High School Attended					Graduation Date (MM/YYY)		
References							
References: 3 References and Letters of recommendation from each are needed to assist the committee in determining scholarship recipients. (Please attach with this application)							
Reference #1: Full Name			Positio	Position			
Address		City	State	,	Zip Code	Country	
Phone	Email						
Reference #2: Full Name				Position			
Address		City	State	;	Zip Code	Country	
Phone	Email		Relationship				
Reference #3: Full Name			Position				
Address		City	State	.	Zip Code	Country	
Phone	Email	1	Relationship				
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*Essay Prompt: Attach a written essay on why you should be chosen as a recipient of the Lineman Country Scholarship along with your application. (Word document, or PDF accepted)