Talent Initiative
Student Support Application

DATE OF REQUEST ______________________________________

NECA CHAPTER REQUESTING SUPPORT ____________________________________________________________

MAILING ADDRESS (FOR CHECK) _______________________________________________________________________

NECA STUDENT CHAPTER (ACADEMIC INSTITUTION) ______________________________________________________

FACULTY ADVISOR ______________________________________________________________________________________

Explain how funds will be used and how many students will benefit from the award:

☐ The NECA Chapter agrees to match the funds awarded by ELECTRI International. Funds will be used for scholarships and Student Chapter members and may be awarded to one or more student(s).

☐ I understand that the student will be personally responsible for any federal or state taxes incurred as a result of the Talent Initiative Student Support award and that the student has been or will be made aware of that responsibility.

By: ___________________________________________________________        _________________________________________________
                                          Signature of NECA Chapter Manager      Date

Please email completed application to Laura Holmes: laura.holmes@electri.org.
For questions, please contact Laura at laura.holmes@electri.org or 301-215-4538.