



# LIUNA LOCAL 837

## 2018 SCHOLARSHIP AWARDS



Please complete and return this form with your ORIGINAL TRANSCRIPT, LETTER OF ACCEPTANCE,  
CITIZENSHIP & ESSAY

to

LIUNA LOCAL 837 SCHOLARSHIP AWARDS  
Jackson Station, P.O. Box 57004  
2 King Street West  
Hamilton, Ontario L8P 4W9



### STUDENT INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ S.I.N.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SCHOOL PRESENTLY ATTENDING: \_\_\_\_\_

NAME OF COLLEGE OR UNIVERSITY ATTENDING IN SEPT/18: \_\_\_\_\_

LEVEL ATTENDING (e.g.: 1<sup>st</sup> Year): \_\_\_\_\_

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### MEMBER INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MEMBERSHIP NUMBER: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

**\*\*\*ALL SCHOLARSHIP SUBMISSIONS MUST BE RECEIVED BY AUGUST 3<sup>rd</sup>, 2018\*\*\***