



LIUNA LOCAL 837

2017 SCHOLARSHIP AWARDS

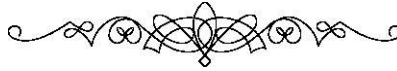


Please complete and return this form with your **SCHOLARSHIP APPLICATION FORM**, your **ORIGINAL TRANSCRIPT**, and **LETTER OF ACCEPTANCE** if you are entering your first year of post secondary studies.

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: _____ SIN NO.: _____

ADDRESS: _____

TELEPHONE #: _____ EMAIL: _____

SCHOOL PRESENTLY ATTENDING: _____

NAME OF COLLEGE OR UNIVERSITY ATTENDING(Sept/17): _____

PROGRAMME: _____

LEVEL ATTENDING (i.e.: 1st Year): _____

MEMBER INFORMATION:

LAST NAME: _____ FIRST NAME: _____

MEMBERSHIP #: _____

TELEPHONE #: _____

PLEASE RETURN BEFORE AUGUST 4th, 2017