



LIUNA LOCAL 837

2019 SCHOLARSHIP AWARDS



Please complete and return this form with your **ORIGINAL TRANSCRIPT, LETTER OF ACCEPTANCE** for first year post-secondary students, **PROOF OF FULL-TIME ENROLMENT** for subsequent year post-secondary students, **CITIZENSHIP & ESSAY.**
to

LIUNA LOCAL 837 SCHOLARSHIP AWARDS

Jackson Station, P.O. Box 57004
2 King Street West
Hamilton, ON L8P 4W9



STUDENT INFORMATION:

LAST NAME: _____ FIRST NAME: _____ SIN NO.: _____

ADDRESS: _____ CITY: _____ PROV.: _____ POSTAL CODE: _____

TELEPHONE NO.: (____) _____ E-MAIL: _____ D.O.B.: (ATTACH PROOF) D ____ M ____ Y ____

SCHOOL PRESENTLY ATTENDING: _____

NAME OF COLLEGE OR UNIVERSITY ATTENDING IN SEPTEMBER 2019: _____

PROGRAMME OF STUDY: _____ LEVEL ATTENDING (e.g.: 1st Year): _____

WHAT IS YOUR RELATIONSHIP TO THE MEMBER (i.e.: son, daughter, stepson, stepdaughter)? _____

MEMBER INFORMATION:

LAST NAME: _____ FIRST NAME: _____

MEMBERSHIP NUMBER: _____ MEMBER'S S.I.N.: _____

ADDRESS: _____ CITY: _____ PROV.: _____ POSTAL CODE: _____

TELEPHONE NO.: (____) _____ E-MAIL: _____

NOTE: MEMBER MUST BE IN GOOD STANDING WITH THE UNION IN ORDER FOR HIS/HER CHILD TO QUALIFY.

*****APPLICATIONS AND ALL MATERIAL REQUIRED TO APPLY MUST BE RECEIVED BY AUGUST 1, 2019*****