



# LIUNA LOCAL 837

## 2020 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 2020: \_\_\_\_\_

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

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

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#### 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 JULY 31, 2020\*\*\***