



LIUNA LOCAL 837

2023 SCHOLARSHIP AWARDS



Please complete and return this form with your **ORIGINAL TRANSCRIPT, PROOF 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 2023: _____

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: _____ UNION CARD NUMBER: _____

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 NO LATER THAN AUGUST 7, 2023*****