



AMALGAMATED TRANSIT UNION LOCAL 113



**SCHOLARSHIP IN MEMORY OF
PETER BODNICK
APPLICATION FORM - 2016**

NAME OF STUDENT - MS. or MR. _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE NUMBER _____ CELL NUMBER _____

E-MAIL ADDRESS: _____

NAME OF LOCAL 113 MEMBER (STUDENT'S FATHER OR MOTHER)	BADGE #	MEMBER'S WORK LOCATION & PHONE NUMBER
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IF YOUR LAST NAME IS DIFFERENT FROM THE LAST NAME OF THE LOCAL 113 MEMBER, PLEASE EXPLAIN YOUR RELATIONSHIP TO THE MEMBER: _____

ADOPTED CHILDREN MUST SUBMIT PROOF OF ADOPTION

NAME OF TECHNICAL/POST SECONDARY REGISTERED TRADES SCHOOL _____

SKILLED TRADES LICENCE COURSE? _____

SIGNATURE OF STUDENT _____

**APPLICATION AND ESSAY MUST BE RECEIVED AT
THE UNION OFFICE NOT LATER THAN 3 P.M.
THURSDAY, JUNE 30, 2016**

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PLEASE DO NOT WRITE BELOW THIS LINE - ATU LOCAL 113 UNION OFFICE USE ONLY.
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SCHOLARSHIP COMMITTEE APPROVAL:

BILL CHRISP, EXECUTIVE VICE-PRESIDENT

KEVIN MORTON, SECRETARY-TREASURER

DATE: _____