



AMALGAMATED TRANSIT UNION LOCAL 113



SCHOLARSHIP IN MEMORY OF JOHN LORIMER APPLICATION FORM – 2018

STUDENT INFORMATION:

TITLE MS. or MR. FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

HOME PHONE NUMBER _____ MOBILE NUMBER _____

E-MAIL ADDRESS: _____

HIGH SCHOOL ATTENDING OR ATTENDED _____

YEAR GRADUATING OR GRADUATED FROM HIGH SCHOOL _____

NAME OF UNIVERSITY/COLLEGE/TRADE/TECHNICAL SCHOOL ATTENDING _____

COURSE OF STUDY - UNIVERSITY DEGREE: _____

CERTIFICATE PROGRAM: _____

IF YOU ARE IN UNIVERSITY/COLLEGE/TRADE/TECHNICAL SCHOOL NOW, WHAT YEAR ARE YOU ENTERING IN SEPTEMBER 2018?

HAVE YOU EVER RECEIVED A SCHOLARSHIP FROM ATU LOCAL 113? _____

PARENT INFORMATION:

LOCAL 113 MEMBER: FIRST NAME _____ LAST NAME _____ BADGE # _____
(STUDENT'S FATHER OR MOTHER)

MEMBER'S WORK LOCATION _____ MOBILE NUMBER _____

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

SIGNATURE OF STUDENT _____ DATE _____

SUBMISSION DEADLINES:

APPLICATION FORM: NOT LATER THAN 3 P.M., FRIDAY, JUNE 29, 2018

A COPY OF YOUR SIX FINAL GRADE 12 MARKS: NOT LATER THAN 3 P.M., MONDAY, JULY 30, 2018

APPLICATIONS OR MARKS RECEIVED AFTER THE DEADLINES WILL NOT BE CONSIDERED.

=====

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

=====

SCHOLARSHIP COMMITTEE APPROVAL:

RICHARD FOX, EXECUTIVE VICE-PRESIDENT

KEVIN MORTON, SECRETARY-TREASURER

DATE: _____