



AMALGAMATED TRANSIT UNION LOCAL 113



SCHOLARSHIP IN MEMORY OF JOHN LORIMER APPLICATION FORM – 2024

STUDENT INFORMATION:

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

HOME PHONE NUMBER _____ CELL 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 POST SECONDARY SCHOOL NOW, WHAT YEAR ARE YOU ENTERING IN SEPTEMBER 2024? _____

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 _____ EMAIL ADDRESS _____

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 _____

ONLINE SUBMISSION DEADLINES:

APPLICATION FORM: FRIDAY, JUNE 28, 2024 – 11:59 P.M. (EST)

A COPY OF YOUR SIX FINAL GRADE 12 MARKS: FRIDAY, JULY 26, 2024 – 11:59 P.M. (EST)

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

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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:

ANGIE CLARK, EXECUTIVE VICE-PRESIDENT

MAX MATHARU, SECRETARY-TREASURER

DATE: _____