

**IUPAT DISTRICT COUNCIL 46  
SCHOLARSHIP AWARD PROGRAM**

**APPLICATION FORM**

**DEADLINE MAY 15, 2009**

<b>DATE</b>		<b>SIN #</b>	
<b>STUDENT NAME</b>			
<b>ADDRESS</b>			
<b>CITY</b>		<b>PROVINCE</b>	
<b>POSTAL CODE</b>		<b>TELEPHONE</b>	
<b>DATE OF BIRTH</b>		<b>EXPECTED DATE OF GRADUATION</b>	
<b>HIGHSCHOOL</b>			
<b>LIST THE COLLEGE, UNIVERSITY, VOCATIONAL / TECHNICAL INSTITUTE, OR OTHER INSTITUTE OF HIGHER LEARNING YOU ARE ENROLLED IN TO ATTEND</b>			
<b>BRIEFLY DESCRIBE THE COURSE OF STUDY YOU ARE PURSUING</b>			
<b>RELATIVE IS A MEMBER OF → INDICATE BY AN "X"</b>	<input type="checkbox"/> Local 114 <input type="checkbox"/> Local 205 <input type="checkbox"/> Local 557 <input type="checkbox"/> Local 1487 <input type="checkbox"/> Local 1630 <input type="checkbox"/> Local 1671 <input type="checkbox"/> Local 1795 <input type="checkbox"/> Local 1819 <input type="checkbox"/> Local 1824 <input type="checkbox"/> Local 1891 <input type="checkbox"/> Local 1904		
<b>IUPAT MEMBER'S NAME</b>			
<b>APPLICANT'S RELATION TO MEMBER</b>			
<b>MEMBER'S SIGNATURE</b>			
<b>MEMBER'S SIN #</b>			
<b>APPLICANT'S SIGNATURE</b>			

**By signing this form, I agree to abide by the Rules and Conditions of the IUPAT District Council 46 Scholarship Award Program.**

**Mail to:                            IUPAT District Council 46 Scholarship  
Committee  
130 Toro Road, Toronto, Ontario M3J 3M9**