



**IUPAT DISTRICT COUNCIL 46
SCHOLARSHIP AWARD PROGRAM**

APPLICATION FORM

DATE		SIN #	
STUDENT NAME			
ADDRESS			
CITY		PROVINCE	
POSTAL CODE		TELEPHONE	
DATE OF BIRTH		EXPECTED DATE OF GRADUATION	
HIGHSCHOOL			
LIST THE COLLEGE, UNIVERSITY, VOCATIONAL / TECHNICAL INSTITUTE, OR OTHER INSTITUTE OF HIGHER LEARNING YOU ARE ENROLLED IN TO ATTEND			
BRIEFLY DESCRIBE THE COURSE OF STUDY YOU ARE PURSUING			
RELATIVE IS A MEMBER OF = INDICATE BY AN "X"	<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 1494 <input type="checkbox"/> Local 1590	<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 <input type="checkbox"/> Local 2005 <input type="checkbox"/> Local 200	
IUPAT MEMBER'S NAME			
APPLICANT'S RELATION TO MEMBER			
MEMBER'S SIGNATURE			
MEMBER'S SIN #			
APPLICANT'S SIGNATURE			

By signing this form, I agree to abide by the Rules and Conditions of the IUPAT District Council 46 Scholarship Award Program. Due date: July 8, 2016

**Mail to: IUPAT District Council 46 Scholarship Committee
132 Toro Road, Toronto, Ontario M3J 2A9**