



N.B. COUTTS LOCAL UNION NO. 955 SCHOLARSHIP FUND

Student Scholarship Application Form

ENTERING FIRST YEAR

PLEASE MAIL APPLICATION AND DOCUMENTS TO:

Scholarship Trustees

IUOE Local Union No. 955

17603 - 114 Avenue

Edmonton, Alberta T5S 2R9

For Office Use Only

Name: _____

Average: _____

Accepted: _____

Rejected: _____

Revised May 2007

READ CAREFULLY

Scholarships will be awarded to students, who are members or dependents of a member in good standing with the International Union of Operating Engineers, Local Union No. 955. The total amount of each Scholarship will be \$3,000.00 and will be awarded annually to applicants **who have a high school diploma** and who are **entering the first year** of any recognized University, College or Institute. The minimum course load must be 80% of a "full course" load. The recipients will receive \$1,500.00 in the first year and \$1,500.00 in the second consecutive year (upon proof of obtaining a satisfactory academic standing), while attending.

Scholarships will be awarded to the applicants with the highest academic standing (based on four Grade 12 matriculated or non-matriculated departmental core subjects). Core Subjects are 1 English, Math, Social Studies and 1 Science. If applicants do not present a Science or Math, one of either a Fine Arts or Second Language subject may be substituted. Should there be a tie for any one Scholarship, the Committee will look at the applicant's entire high school academic record for the four core subjects.

Applicants who have previously received a scholarship from Local Union No. 955 shall not be eligible.

Applications must be received by the Trustees no later than **August 15th** and must be supported by official transcripts, and evidence of application for enrollment. **Proof of enrollment or attendance will be required before payment is made. Incomplete applications will not be considered.**

APPLICANT'S PERSONAL INFORMATION

Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐

Male ☐ Female ☐

Surname Firstname Middle

Permanent Address: _____
Street / Box No.

City Province Postal Code Telephone

Permanent Resident: Yes ☐ No ☐ Landed Immigrant: Yes ☐ No ☐ Canadian Citizen: Yes ☐ No ☐

Date of Birth: _____ S.I.N. _____ Marital Status: _____

High School Attended: _____ Graduation Date: _____

POST SECONDARY EDUCATION DETAILS

Name of University, College or Institute Enrolled in: _____

Address: _____

Street / Box No.

City

Province

Postal Code

Program: _____

Degree, Certificate or Diploma Being Pursued: _____

§ **IMPORTANT NOTE:** **OFFICIAL TRANSCRIPT AND PROOF OF ENROLLMENT
MUST ACCOMPANY THE APPLICATION**

LOCAL UNION NO. 955 MEMBER INFORMATION

Applicant's Relationship to Member: _____

Member's Name: _____

Member Registration No. (*located on membership card*): _____

S.I.N.: _____

DECLARATION

I hereby declare that the information given on this application is complete and true in all respects. I understand that any inaccurate information may reduce my chances of receiving an award.

Date

Signature