

Mechanical Contractors Association of Hamilton
SCHOLARSHIP APPLICATION FORM



This section to be completed by Applicant (Please Print)

Name:

Surname	Given Name	Initials
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Address:

No.	Street	
City/Town	Province	Postal Code

Telephone: ()

Date of Birth:

Area	Day	Month
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Email:

Last school attended:

Name	City, Province	Last Grade Completed
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Institution you will be attending:

Name	Program of Study
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Have you applied for or will be receiving other financial assistance?

Yes

No

If yes, please indicate amount & information:

This section to be completed by Parent or Guardian (Please Print)

Parent/Guardian:

Surname	Given Name	
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Initial

Employer Information:

Name	Address
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This section to be completed by the Senior Executive Officer of zone operation (Please Print)

Name	Title
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Signature

APPLICANT CHECKLIST – MUST BE COMPLETED

- | | |
|--|---|
| Completed and signed Application Form <input type="checkbox"/> | Written submission of why you are deserving of this award <input type="checkbox"/> |
| Completed Employment History Form <input type="checkbox"/> | Official Transcript of previous years results <input type="checkbox"/> |
| Resume <input type="checkbox"/> | I am a Canadian Citizen <input type="checkbox"/> I am not a Canadian Citizen <input type="checkbox"/> |