

**Mechanical Contractors Association of Hamilton**  
**SCHOLARSHIP APPLICATION FORM**



*This section to be completed by Applicant (Please Print)*

Name:

\_\_\_\_\_  
Surname Given Name Initials

Address:

\_\_\_\_\_  
No. Street

\_\_\_\_\_  
City/Town Province Postal Code

Telephone: ( ) Date of Birth:  
Area Day Month

Email: \_\_\_\_\_

Last school attended:

\_\_\_\_\_  
Name City, Province Last Grade Completed

Institution you will be attending:

\_\_\_\_\_  
Name Program of Study

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

Initial

Employer Information:

\_\_\_\_\_  
Name Address

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

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Signature

**APPLICANT CHECKLIST – MUST BE COMPLETED**

- Completed and signed Application Form  Written submission of why you are deserving of this award   
Completed Employment History Form  Official Transcript of previous years results   
Resume  I am a Canadian Citizen  I am not a Canadian Citizen