

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
Year

Social Insurance Number:

Last school attended:

Name City, Province

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

- 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