

SCHOLARSHIP APPLICATION FORM

Please indicate for which scholarship you are applying

PLEASE SEE REVERSE

CONSTRUCTION

UTILITY

Name (<i>Surname First</i>)		SIN #
Permanent Address	Postal Code	Telephone #
	Place of Birth	Date of Birth
Proposed Field of Study	Commencement of Program	Undergraduate Degree <input type="checkbox"/>
		Certificate <input type="checkbox"/>
		Diploma <input type="checkbox"/>
List Post Secondary Schools/Universities where you have registered		
<hr/> <hr/>		
Outline briefly your plans for your future career or profession:		

Name of Parent or Legally Appointed Guardian		IBEW Card #
Address, if different than above	Postal Code	Telephone #
Last Month & Year Dues Paid by Member	Relationship to Applicant	