



Joint Apprenticeship Training Committee  
Scholarship Application

**DO NOT PLACE MORE THAN ONE APPLICATION IN AN ENVELOPE**

**SECTION 1: INFORMATION ABOUT THE APPLICANT**

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

Mailing Address: \_\_\_\_\_ Tel: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

MALE FEMALE (please circle one) Date of Birth: \_\_\_\_\_  
Month Day Year

High School from which you graduated: \_\_\_\_\_

**IN ORDER FOR YOUR APPLICATION TO BE VALID, YOU MUST ATTACH AN ORIGINAL COPY OF YOUR HIGH SCHOOL TRANSCRIPT OF MARKS, ISSUED BY THE DEPARTMENT OF EDUCATION.**

**SECTION 1: INFORMATION ABOUT THE APPLICANT'S PARENT / GUARDIAN**

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

Mailing Address: \_\_\_\_\_ Tel: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

Local Union: \_\_\_\_\_ Member Since: \_\_\_\_\_  
Month Day Year

UBC Member ID: U- \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**DEADLINE FOR APPLICATIONS IS 30 DAYS PRIOR TO THE START DATE**