

2017 SCHOLARSHIP APPLICATION FORM

This section to be completed by the Applicant

Name: _____
Surname Given Name/Initials

Address: _____
No. Street
City/Town Province Postal Code

Telephone: _____ Date of Birth: _____
Day Month Year

Social Insurance Number: _____

Name of last school attended & location: _____

Course of Study: _____

Year you are entering: _____

Have you applied for or are about to receive other financial assistance? Yes No

If yes, amount & information: _____

This section to be completed by the Parent or Guardian if an MCAC Member or Faculty Advisor if a Student Chapter Member:

Name of Parent or Guardian: _____
Surname Given Name/Initial

Name and Address of Employer: _____

Title: _____ Signature: _____

This section to be completed by the senior executive officer of the provincial or regional Association

APPLICANT CHECKLIST

- COMPLETED APPLICATION FORM
- COMPLETED EMPLOYMENT HISTORY FORM
- WRITTEN SUBMISSION "WHY YOU ARE DESERVING"
- OFFICIAL STUDENT TRANSCRIPT

CONSTRUCTION EDUCATION COUNCIL
and
FEDERATED INSURANCE
SCHOLARSHIP PROGRAM

APPLICANT EMPLOYMENT EXPERIENCE

(Please indicate full-time, seasonal or part-time employment)

Employer:

Address:

Street

City

Province

Job Title:

Major Duties:

Start Date:

End Date:

Reason for Leaving:

(Please indicate full-time, seasonal or part-time employment)

Employer:

Address:

Street

City

Province

Job Title:

Major Duties:

Start Date:

End Date:

Reason for Leaving:

Date:

Signature

Please forward together with the official transcript of your marks, completed application form and written submission outlining why you feel you are deserving of consideration. Please include any supporting material and outline your extra-curricular or community activities, on or before June 30, 2017 to: