

CAL CALLAHAN MEMORIAL BURSARY

APPLICATION FORM

Send to:
Executive Committee
Pipe Line Contractors Association of Canada
Suite 201, 1075 North Service Road W.
Oakville, Ontario L6M 2G2
Fax: 905-847-7824



READ THIS SECTION CAREFULLY

A bursary, or bursaries, not exceeding SIX THOUSAND DOLLARS (\$6,000.00) in the aggregate, will be awarded annually to an applicant(s) entering any recognized Canadian university or college for first year studies in any discipline.

The recipient must be a son, daughter, or ward of a person whose principal income is derived from the pipeline construction industry in Canada and whose employer is a member of the Pipe Line Contractors Association of Canada.

Applications must be received by the Executive Committee of the Pipe Line Contractors Association of Canada by no later than SEPTEMBER 30TH and must be supported by evidence of enrollment in a fall or winter session during the current year.

PERSONAL INFORMATION

Name in full: Mr./Miss/Ms. _____
Last First Middle

Permanent address: _____
Number and street

_____ Telephone: _____
City and province Postal code

Date of birth: _____ Marital status: _____ S.I.N. _____

Parent/Guardian: _____ S.I.N. _____
Last First

Address: _____
Number and street

_____ Telephone: _____
City and province Postal code

EMPLOYMENT RECORD OF PARENT/GUARDIAN IN THE PIPELINE CONSTRUCTION INDUSTRY

EMPLOYER	POSITIONS	FROM	TO

Number of persons dependent upon Parent/Guardian (including yourself): _____

Indicate where you will be living while attending university or college:
With parent [] Own home [] School residence [] Other (specify) _____

ACADEMIC INFORMATION

Last school attended: _____ Graduation date: _____

Diploma or Degree received: _____

Matriculation and/or post-secondary subjects taken and marks received:

SUBJECT	MARK	YEAR	SUBJECT	MARK	YEAR

Official transcript MUST be submitted

EXTRA-CURRICULAR ACTIVITIES

ACTIVITY	POSITION(S)	LENGTH OF PARTICIPATION

FIRST YEAR STUDIES INFORMATION

Name of university or college enrolled in: _____

Address: _____

Program: _____ Degree or diploma sought: _____

Proof of enrollment MUST be submitted

FINANCIAL INFORMATION: Indicate other forms of financial assistance anticipated

Estimated savings on hand at beginning of coming academic year \$ _____

Monthly allowance from parent/guardian \$ _____

Canada Student or other loans (specify) _____ \$ _____

Other government assistance (specify) _____ \$ _____

Scholarships/bursaries/grants (specify) _____ \$ _____

Other (specify) _____ \$ _____

Provide the names and addresses of two persons other than your immediate family to whom reference may be made concerning the above statements:

1. _____

2. _____

Date: _____

Applicant's signature: _____