



TEAM-IFPTE Local 161

Annual Scholarship Application Form

Member's Child

Please Print

Student Name: _____

Address: _____

Postal Code: _____ Phone: _____

Name of Education Institute: _____

Name of Parent/Guardian: _____

Parent/Guardian Work Location: _____

I confirm that I have not previously received a scholarship award from TEAM.

Signed: _____ Date: _____

Please include:

1. A copy of the official transcript of marks for all final Grade 12 courses or equivalent technical or academic transcripts detailing marks and grades obtained.
2. Proof of first year enrollment and acceptance in a post-secondary institution for the 2019-2020 year.
3. A brief overview of interests, social activism, volunteerism, and future career plans.
4. A written character reference (not from a relative).

Mail to:

ATTN: Scholarship Committee

TEAM-IFPTE Local 161
200-1 Wesley Avenue
Winnipeg
Manitoba R3C 4C6

or

Internal mail code B2000

DEADLINE FOR APPLICATION IS September 16, 2019