



NLCA SCHOLARSHIP APPLICATION FORM - 2009

USE SEPARATE ENVELOPES FOR EACH APPLICATION
(Do not enclose two or more applications in one envelope)

Section 1: Information about the applicant (please print)

To be completed by the applicant

Name: _____ Parents Name(s): _____

Mailing Address: _____ Mailing Address: _____

_____ Mailing Address: _____

_____ Mailing Address: _____

Email: _____

Phone: _____

Email: _____

Fax: _____

Phone: _____

Date of Birth: _____

Fax: _____

Male Female

High School from which you graduated: _____

Post Secondary school you are now attending: _____

Marks received in Level 3 (any 3000 numbered courses), as follows:

<u>Course Name</u>	<u>Course Number</u>	<u>Mark</u>
1. Mathematics	_____	_____
2. English	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Average (for 2009): _____

IN ORDER FOR YOUR APPLICATION TO BE VALID, YOU MUST ATTACH A NEWFOUNDLAND DEPARTMENT OF EDUCATION CERTIFIED COPY OF YOUR MARKS AND A LETTER FROM THE REGISTRAR OF YOUR POST SECONDARY SCHOOL STATING THAT YOU ARE ENROLLED AS A FULL TIME STUDENT.

Signature of Applicant: _____ Date: _____



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Section 2: Information about your affiliation with the Construction Industry (please print)
To be completed by the applicant's parent or guardian

Father/Mother/Guardian

Name: _____

Mailing Address: _____

Email: _____

Website: _____

Phone: _____

Fax: _____

Company Employed By

Name(s): _____

Mailing Address: _____

Email: _____

Website: _____

Phone: _____

Fax: _____

Date(s) of start and finish of employment:

Start Date: _____

Finish Date: _____

Start Date: _____

Finish Date: _____

Start Date: _____

Finish Date: _____

Signature of Parent/Guardian: _____

Date: _____

Sections 1 and 2 are to be completed by the applicant and his or her parent or guardian and forwarded to the General Manager of the company named above.



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Section 3 (Confidential): Verification of application (please print)

To be completed by the NLCA Member (the person who authorized membership in the organization or a person specifically designated by him or her.)

I, _____, of _____

do hereby certify that Mr./Mrs./Miss. _____

was employed by our company (circle one):

1. During the last 12 months (from date of application).
2. Is on workers compensation, now and prior to the past 12 months, but not more than 36 months and is considered to be an employee.
3. Was not in my employ during the past 12 months.

Comments:

Signature of Authorized Person: _____

Date: _____