

Founders' Memorial and Jack Johnson Memorial Scholarship Application Form Based on FINANCIAL Need

Return application by mail, fax or email by **July 7, 2017** to:
QPAT Finance and Budget Committee
17035 Brunswick Boulevard, Suite 1, Kirkland, Quebec H9H 5G6
Fax: 514-694-0189 – Email: sreid@qpat-apeq.qc.ca

Name of student applicant _____
Student applicant's home address _____

Telephone number _____
Student applicant's school _____
Name of sponsoring QPAT member _____
Sponsor's home address _____

Telephone number (res./cell) _____
Telephone number (school) _____
Name of sponsor's school _____
Name of sponsor's union _____

Relationship of sponsor to student applicant	son	daughter
	grandson	granddaughter
	nephew	niece

Financial information

Total family income _____

Please include income from all sources, e.g., employment, business, etc.

Please describe your family situation

single-parent	two-parent
___ number of dependents	ages ___ ___ ___

Please give additional information below that would justify the candidate receiving this scholarship. Use extra pages, if necessary.