

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

Return application by mail, fax or email by **August 31, 2018** 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](mailto: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.