

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

Return application by mail, fax or email by **September 10, 2021**
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 _____

Tel. (res./cell) and EMAIL _____

Student applicant's school _____

Name of sponsoring QPAT member _____

Sponsor's home address _____

Sponsor's tel. (res./cell) _____

Sponsor's EMAIL address _____

Name of sponsor's school _____

Name of sponsor's union _____

Relationship of sponsor to student
applicant

son

grandson

nephew

daughter

granddaughter

niece

Financial information

Total family income _____

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

single-parent

two-parent

Please describe your family situation

___ number of dependents ages ___ ___ ___

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