

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

Return application by mail, fax or email by **September 23, 2022** 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	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.