

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

Return this application by **September 22, 2023** 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 \_\_\_\_\_  
\_\_\_\_\_  
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.