

**Pipe Line Contractors Association of Canada
CAL CALLAHAN MEMORIAL BURSARY
APPLICATION FORM**



Send to:
Executive Committee
Pipe Line Contractors Association of Canada
Suite 201, 1075 North Service Road W.
Oakville, Ontario L6M 2G2
Fax: 905-847-7824

READ THIS SECTION CAREFULLY

A bursary, or bursaries, not exceeding TWENTY THOUSAND DOLLARS (\$20,000.00) in the aggregate, will be awarded annually to an applicant(s) entering any recognized Canadian university or college for first year studies in any discipline.

The recipient must be a son, daughter, or ward of a person whose principal income is derived from the pipeline construction industry in Canada and whose employer is a member of the Pipe Line Contractors Association of Canada.

Applications must be received by the Executive Committee of the Pipe Line Contractors Association of Canada by no later than SEPTEMBER 30TH and must be supported by evidence of enrollment in a fall or winter session during the current year.

PERSONAL INFORMATION

Name in full: Mr./Miss/Ms. _____
Last First /Middle

Permanent address: _____
Number /Street City /Province Postal Code

Telephone: _____ Email: _____

Date of birth: _____ Marital status: _____ S.I.N. _____

Parent/Guardian: _____
Last First S.I.N.

Address: _____
Number /Street City /Province Postal Code

Telephone: _____ Email: _____

EMPLOYMENT RECORD OF PARENT/GUARDIAN IN THE PIPELINE CONSTRUCTION INDUSTRY

EMPLOYER	POSITIONS	FROM	TO

Number of persons dependent upon Parent/Guardian (including yourself): _____

Indicate where you will be living while attending university or college:

With parent [] Own home [] School residence [] Other (specify) _____

ACADEMIC INFORMATION					
Last school attended: _____			Graduation date: _____		
Diploma or Degree received: _____					
Matriculation and/or post-secondary subjects taken and marks received:					
SUBJECT	MARK	YEAR	SUBJECT	MARK	YEAR
Official transcript MUST be submitted					

EXTRA-CURRICULAR ACTIVITIES		
ACTIVITY	POSITION(S)	LENGTH OF PARTICIPATION

FIRST YEAR STUDIES INFORMATION
Name of university or college enrolled in: _____
Address: _____
Program: _____ Degree or diploma sought: _____
Proof of enrollment MUST be submitted

FINANCIAL INFORMATION: Indicate other forms of financial assistance anticipated	
Estimated savings on hand at beginning of coming academic year	\$ _____
Monthly allowance from parent/guardian.....	\$ _____
Canada Student or other loans (specify)	\$ _____
Other government assistance (specify)	\$ _____
Scholarships/bursaries/grants (specify)	\$ _____
Other (specify)	\$ _____

Provide the names and addresses of two persons other than your immediate family to whom reference may be made concerning the above statements:

Name: _____ Address _____ Tel # _____

Name: _____ Address _____ Tel # _____

Date: _____ Applicant's signature: _____