

**Pipe Line Contractors Association of Canada  
Cal Callahan Memorial  
STUDENT 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 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 **OCTOBER 31st** 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
<b>Official transcript MUST be submitted</b>					

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: _____
<b>Proof of enrollment MUST be submitted</b>

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: \_\_\_\_\_