



## 2018 ATU 1505 SCHOLARSHIP

IN HONOUR OF: JOHN CALLAHAN and BOB HYKAWAY

Two scholarships are awarded each year in the amount of \$500 each. The competition is open to ATU members and their children. All applicants must meet the eligibility requirements and otherwise satisfy these Rules and Procedures. For each scholarship winner, ATU will make a presentation of up to \$500 to the successful applicant on Graduation day for continued education with an accredited college, a technical or a vocational post-secondary school where the award winner will be attending.

### RULES AND PROCEDURES

#### ELIGIBILITY

1. Applicants must be either:

- a member of the ATU in good standing;
- the child (whether natural or legally adopted) or stepchild of a member or of a deceased member who was in good standing at the time of his or her death;
- a grandchild of a member of the ATU in good standing.

2. **Applicants must be high school seniors planning to enter college (or technical or vocational post-secondary school) *for the first time* following graduation during the 2017 - 2018 school year, or previous high school graduates that have never attended college.**

3. ATU Scholarships are NOT available to the following persons:

- those who do not intend to work without interruption toward a bachelor degree or graduation from a technical or vocational school/university,
- those who are attending or have already attended college, technical or vocational school/university,
- spouses, nieces/nephews of members, and
- those who are fully funded for tuition, fees, and books from other sources.



## **APPLICATION PROCEDURES**

Valid applications for the ATU Scholarship Program **MUST** include the following:

1. Completed Official Application Form (deadline March 31<sup>st</sup>, 2018)
2. Scholarship Questionnaire (deadline May 1<sup>st</sup>, 2018)
3. Written Essay (deadline May 1<sup>st</sup>, 2018)

## **THE APPLICATION FORM**

1. Official Application forms can be picked up from the ATU1505 local Office (Suite 401-275 Broadway Avenue, Winnipeg Manitoba R3C 4M6) or online at [www.ATU1505.ca](http://www.ATU1505.ca)
2. Completed applications must be sent by mail or dropped off to the ATU1505 local Office at the above address.
3. Applications must be:

## **POSTMARKED NO LATER THAN MARCH 31<sup>ST</sup>, 2018.**

Late applications will not be accepted.

4. Upon receipt of the application by the ATU1505 local Office, applicants will receive the following materials by return mail:
  - Scholarship Questionnaire

## **SCHOLARSHIP QUESTIONNAIRE**

1. Applicants, and/or their parent or legal guardian, must sign the authorization statement for the release of the information requested in the Scholarship Questionnaire.
  2. The form should then be presented for completion to the principal or
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headmaster of the secondary school attended by the applicant.

3. Applicants are responsible for ensuring that this form is returned to the ATU1505 local Office:

**POSTMARKED NO LATER THAN MAY 1ST, 2018.**

### **ESSAY**

1. Applicants are required to write an essay of no less than 500 words and no more than 750 words in English on the subject of:

**“Organized Labor’s Contribution to the Welfare of the People of Canada”**

NOTE: The essay will be evaluated on an analysis of the topic - the facts and arguments - that are presented as demonstrating that the student understands the topic, and the effectiveness of the essay in demonstrating how organized labor benefits everyone, whether they are union members or not. Grammar, style, organization and presentation will also be evaluated.

2. Essays must be sent, preferably with the Scholarship Questionnaire, by mail to the ATU1505 Local Office,

POSTMARKED NO LATER THAN MAY 1ST, 2018.

**\*\*\*\*\*DEADLINES\*\*\*\*\***

All deadlines will be strictly enforced. Any application which is incomplete or is not postmarked on time will not be considered.


### **SELECTION OF SCHOLARSHIP RECIPIENTS**

The ATU shall appoint a Selection Committee of community, academic, and labor leaders. No ATU officer, member, staff or employee shall participate in the final selection process.

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Applicants will be judged on the basis of their scholastic record, involvement in community, extra-curricular activities, and the quality of the essay submitted.

The Committee shall select two scholarship winners and two alternates. Decisions of the Committee shall be final.

If a recipient is disqualified due to a failure to fulfill all Scholarship Program requirements, the ATU Scholarship will be awarded to the next qualified alternate.

The recipient(s) will be notified by mail of their award and will also be given a form to complete in order to obtain the scholarship funds. Upon the return of the required information, a cheque will be issued to the university or vocational school for the appropriate amount. The award will be restricted to the payment of tuition, books, and associated fees.

## AMALGAMATED TRANSIT UNION

This form is designed to collect information about your background, interests, academics, demonstrated leadership and career plans. Your answers to these questions will be used only in connection with your application for the scholarship program and will be reviewed by an independent scholarship selection committee of education professionals.

Please TYPE or PRINT LEGIBLY. You may, if you wish, type your responses on a computer (no smaller than 10 point type) and paste them into the spaces provided below each question, or attach additional pages as necessary. The completeness, neatness and legibility of your replies will allow for a thorough and comprehensive review of your credentials.

### APPLICANT INFORMATION

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Last Name

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First Name

PERMANENT HOME ADDRESS

ON-CAMPUS ADDRESS IF DIFFERENT FROM HOME

CITY PROV POSTAL CODE

CITY PROV POSTAL CODE

TELEPHONE

CELL PHONE

PERSONAL E-MAIL ADDRESS

SCHOOL EMAIL ADDRESS

DATE OF BIRTH: / /

S.I.N. - -

EDUCATION Institution You Currently Attend:

Name of Institution

Address

City

Prov

P.C.

Major/Course of Study: expected graduation date /  
Mo / Year

Please list all awards, honors, scholarships and other forms of recognition you have received for your academic achievements since the beginning of your undergraduate/post-secondary studies.







**RECOMMENDATION REQUIREMENT**

Two letters of recommendation are required:

- The first letter of recommendation should be provided by a guidance counselor, teacher, or school official who is familiar with your academic work.
- The second letter may come from a similar academic source or from a personal contact (*not* a friend, classmate, or family member) that has knowledge of your activities outside the classroom (e.g. extracurricular activities, community service, work experience; etc.).

**AUTHORIZATION/CERTIFICATION**

Please review your responses, sign your name below, and give this form to a school official for completion. Your signature will authorize your school to release the information requested, including class rank and test scores, and certify that all information you entered on this form is accurate and true.

**NOTE: IT IS YOUR RESPONSIBILITY** to ensure that your school releases the requested information by the program deadline.

Student's Name (Please Print) \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

**STUDENT - DO NOT WRITE ANYTHING BELOW THIS LINE****SCHOOL INFORMATION & EVALUATION** - To be completed by guidance counselor/school official.

Complete the information requested below, sign the form, and attach an official transcript of the student's grades that includes the senior year courses being taken. If a school profile is available, include one with this form. Completion of this section cannot serve as a substitute for one of the student's required letters of recommendation.

Please provide the following information regarding the applicant's academic record.

Student's Class Rank

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Student's Class Size

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Student's GPA

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☐ Weighted  
☐ Unweighted

GPA Scale

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**Standardized Test Scores**

(note: all SAT scores reported below must be from the SAME test administration.)

<b>ACT</b>	Test Date	Composite Score		
<b>SAT</b>	Test Date	Critical Reading		
	Writing	Math		

Please rate the level of difficulty of the courses this student has taken and passed:

☐ Most Difficult☐ Above Average☐ Average☐ Below Average

Based on your knowledge of the applicant, please reply to each of the following statements by checking the box that most closely matches your professional opinion of the applicant's capabilities. Check only one box per statement.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
This student possesses a high level of academic ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student's academic performance has been exceptional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student is highly involved in extracurricular/co-curricular activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student has demonstrated excellent leadership ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student has the self-discipline to excel in a variety of environments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student is highly responsible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking the time to assist with this scholarship application.

Your signature below indicates that you have reviewed the applicant's responses and certify that they are correct, insofar as the official school records indicate.

Print Name &amp; Title of School Official \_\_\_\_\_

Signature of School Official \_\_\_\_\_

Date \_\_\_\_\_

Telephone Number (with area code) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

High School Code

Please make certain to include an official transcript.  
Mail all scholarship materials by the deadline date to:



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**SCHOOL AND COMMUNITY ACTIVITIES**

List activities in which you have participated during the last three years. (School clubs, student government, publications, varsity or club sports, theater arts, Beta Club, Scouting, 4-H, etc.) Please define any acronyms.

Name of Activity	Position Held	How Selected	Number of Hours
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	

List community agencies or organizations in which you have participated without pay during the last three years. (Religious groups, hospital volunteer, cultural activities, outreach programs, etc.)

Name of Agency or Organization	Kind of Activity	Number of Hours
		<input type="checkbox"/> per week <input type="checkbox"/> per year
		<input type="checkbox"/> per week <input type="checkbox"/> per year
		<input type="checkbox"/> per week <input type="checkbox"/> per year
		<input type="checkbox"/> per week <input type="checkbox"/> per year
		<input type="checkbox"/> per week <input type="checkbox"/> per year

If you listed a leadership role in one or more of the activities or organizations cited above, please choose one, detail your responsibilities, and explain the significance of your contribution to the organization.

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List jobs (including summer employment) you have held in the last three years.

Name of Employer	Position Held	How Selected	Number of Hours
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Summer <input type="checkbox"/> School Year
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Summer <input type="checkbox"/> School Year
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Summer <input type="checkbox"/> School Year

Of all your courses, activities, internships, and work experience, which one did you find most rewarding or personally satisfying? Explain why.

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### FAMILY INFORMATION

**Enter complete information about your family below.**

Name \_\_\_\_\_

Relationship to the Applicant (you)

**Occupation/Title**

Employer's Name

**Please describe your parents' relationship to each other:**

☐ Divorced

☐ **Separated**☐ Domestic Partners☐ **Unmarried**☒ Married☐ Widowed

Brother(s): Number \_\_\_\_\_ Age(s) \_\_\_\_\_ Sister(s): Number \_\_\_\_\_ Age(s) \_\_\_\_\_

**Enter the name(s) of the parent(s) or guardian(s) or other person(s) you live with, if different from above.**

**How has a family member or family experience been influential in your life?**

## FUTURE GOALS

**Based on your current achievements and interests, describe the kind of work that you plan to be doing in 10 years, both in your career and in your community.**

**RECOMMENDATION REQUIREMENT**

Two letters of recommendation are required:

- The first letter of recommendation should be provided by a guidance counselor, teacher, or school official who is familiar with your academic work.
- The second letter may come from a similar academic source or from a personal contact (*not a friend, classmate, or family member*) that has knowledge of your activities outside the classroom (e.g. extracurricular activities, community service, work experience, etc.).

**AUTHORIZATION/CERTIFICATION**

Please review your responses, sign your name below, and give this form to a school official for completion. Your signature will authorize your school to release the information requested, including class rank and test scores, and certify that all information you entered on this form is accurate and true.

**NOTE:** IT IS YOUR RESPONSIBILITY to ensure that your school releases the requested information by the program deadline.

Student's Name (Please Print) \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

**STUDENT - DO NOT WRITE ANYTHING BELOW THIS LINE****SCHOOL INFORMATION & EVALUATION** - To be completed by guidance counselor/school official.

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Student's Class Rank

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Student's Class Size

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☐ Weighted  
☐ Unweighted

GPA Scale

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Based on your knowledge of the applicant, please reply to each of the following statements by checking the box that most closely matches your professional opinion of the applicant's capabilities. Check only one box per statement.

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This student's academic performance has been exceptional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student is highly involved in extracurricular/co-curricular activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student has demonstrated excellent leadership ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student has the self-discipline to excel in a variety of environments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student is highly responsible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking the time to assist with this scholarship application.

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Signature of School Official \_\_\_\_\_

Date \_\_\_\_\_

Telephone Number (with area code) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

High School Code

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