

APPLICATION FORM
USW INDIGENOUS POST-SECONDARY SCHOLARSHIP 2024

APPLICANT'S NAME: _____

DATE OF BIRTH: _____ TEL: (____) _____

EMAIL ADDRESS: _____ (Day/Month/Year)

ADDRESS: _____ POSTAL CODE: _____
(Please include P.O. Box #) (City) (Prov.)

YOUR PLANS FOR FURTHER EDUCATION, including name of post-secondary institution you plan to attend (use separate sheet if necessary)

I SELF-IDENTIFY AS FIRST NATIONS, INUIT OR MÉTIS

I AM A MEMBER OF USW LOCAL # _____
OR

MY FAMILY MEMBER IS A MEMBER OF USW LOCAL #: _____

FAMILY MEMBER NAME: _____

FAMILY MEMBER ADDRESS: _____

EMPLOYED BY: _____

LOCAL UNION ADDRESS: _____

VIDEO URL (if applicable): _____

**NOTE: APPLICATION TO BE RETURNED WITH THE VIDEO URL OR WRITTEN STATEMENT
NO LATER THAN JUNE 30, 2024 TO:**

**EDUCATION & EQUALITY DEPARTMENT
UNITED STEELWORKERS
800 - 234 EGLINTON AVENUE EAST
TORONTO, ONTARIO M4P 1K7
(PHONE: 416-487-1571)**

OR BY EMAIL TO: scholarships@usw.ca

*****Please note: applications will not be returned*****

DATE SUBMITTED

SIGNATURE OF APPLICANT