APPLICATION FORM UNITED STEELWORKERS POST-SECONDARY SCHOLARSHIP 2024

APPLICANT'S NAME:				
DATE OF BIRTH:		TEL: (_)	
EMAIL ADDRESS:	(Day/Month/Year)			
ADDRESS:			POSTAL CODE:	
(Please inclu	de P.O. Box #)	(City)	(Prov.)	
YOUR PLANS FOR F	URTHER EDUCATIO	ON, including the	e name of the institution y	ou plan to
attend (use a separat	te sheet if necessary	y):		
I AM A MEMBER	OF USW LOCAL #			
MY PARENT/GU	ARDIAN IS A MEMB	ER OF USW LO	CAL #:	
	RDIAN NAME			
EMPLOYED BY:				
LOCAL UNION ADDR	ESS:			
VIDEO URL, if applica	ble:			
NOTE: APPLICATION		WITH THE VIDE	EO URL OR WRITTEN STA	IEMENT
	EDUCATION & EQU		MENT	

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. United Steelworkers reserves the right to publish the winning written statement or video in its publications or websites.****

DATE SUBMITTED

SIGNATURE OF APPLICANT