

TEAM-IFPTE Local 161

Annual Scholarship Application Form Member's Child

Please Print or Type	
Student Name:	
Mailing Address:	
Email Address:	Phone:
Name of Education Institute:	
Name of Parent/Guardian:	
Parent/Guardian Work Dept/Area:	
I confirm that I have not previously received a scholarship award from TEAM.	
Signed:	Date:

Please include:

- A copy of the official transcript of marks for all final Grade 12 courses or equivalent technical or academic transcripts detailing marks and grades obtained.
- 2. Proof of first year enrolment and acceptance in a post-secondary institution for the 2023-2024 year.
- 3. A brief overview of interests, social activism, volunteerism, and future career plans.
- 4. A written character reference (not from a relative).

Mail to:

ATTN: Scholarship Committee

TEAM-IFPTE Local 161 200-1 Wesley Avenue Winnipeg Manitoba R3C 4C6 **or** team@teamunion.mb.ca