



**British Columbia Section
American Welding Society
Bruce Third Welding Scholarship
Application**



Date of Application _____

Applicant's Name _____

Current Address _____

Home Phone Number _____ Cell Phone Number _____

Date of Birth _____ Email Address _____

Parent/Guardian's Name _____

Parent/Guardian's Address _____

Parent/Guardian's Home Phone Number _____ Work Phone Number _____

Are you employed? If so, please provide the following: _____ Email Address: _____

Employer's Name _____

Employer's Address _____

Employer's Phone number _____ Supervisor's Name _____

Vocational School (Institute, College) _____

Address _____

Contact at Vocational School _____ Phone Number _____

Expected Date of Graduation _____

I affirm that the information I have provided on this application and the supporting materials is complete, accurate and true to the best of my knowledge. I understand that furnishing false information may result in not being considered or revocation of financial aid at some later date.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

<p>The American Welding Society of the AWS Foundation does not discriminate by age, race, color, national origin, creed or gender.</p>
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Submission Deadline:
July 31st, 2018
Return to:
AWS BC Section
718-333 Brooksbank Ave.
Suite #605
North Vancouver, BC
V7J 3V8

Education List schools you have attended (High School to Present)

Name of School	Street/City/Prov./Postal Code	Date Attended

Activities Record (Include school and community activities and honors)

Indicate in the spaces provided the grade levels in which you participated in the listed activity.

Name of Activity	11th	12th	1st Yr	2nd Yr	Offices and Honors

Work Experience Include present and previous employment

Month/Year	to	Month/Year	Job Description (<i>be specific</i>)

Financial Aid report

◆◆◆ List previous and current educational scholarships, grants, loans, work-study or student employment ◆

Date	Institution and Location	Type of Aid	Amount

List of Personal References (*Minimum of 2 required*)

Name	Address	Phone #	Occupation

Career Influence: Which welding instructor influenced you the most to make welding your career choice?

Instructors Name:

School or Educational Institute:

Attach a copy of your personal bio letter that would assist in judging your eligibility, and two letters of reference.