



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



Date of Application \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Current Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Number of Dependents \_\_\_\_\_

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: Work 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 \_\_\_\_\_

The American Welding Society of the AWS Foundation does not discriminate by age, race, color, national origin, creed or gender.

**Submission Deadline:  
July 31st, 2014  
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 hand-written letter that would assist in judging your eligibility, and two letters of reference.**