

**Canadian Elevator Contractors Association**

**Scholarship Application Form**

**Application due date: April 15th, 2017 11:59PM, EST**

* **Application must be filled out by applicant.**
* Please **type or print** or print your answers below or **on a separate sheet** of paper if necessary.
* If application is illegible it will be returned to you.
* If any question does not apply to you, please put N/A in the space.
* When completed, please email your application and all the required documentation in one PDF file to: [office@ceca-acea.org](mailto:office@ceca-acea.org)

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| --- | --- | --- | --- | --- | --- | --- |
| 1 | Applicant Last Name: | | Applicant First Name: | | | |
| 2 | Mailing Address: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal/Zip Code: Country: | | | | | |
| 3 | Daytime Telephone Number: ( )  Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 4 | CECA Member Relative Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nature of Relationship:   * Stepchild/Child * Grandchild | | CECA Member Employer (company name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Company Address: | | | |
| 5 | Name & address of parent(s) or legal guardian(s): Name (s)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Street: \_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postal/Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home phone of parents or legal guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 5 | Date of Application: | | Scholarship Applied for:  Elevator Industry  Other Field | | | |
| 6 | High School Attended:  Name:  Address: | | Years Attended:  Graduation date: (or anticipated date) | | | |
| 7 | List post-secondary schools which you have or will apply to (in order of preference at this time): | | | | | |
| 8 | If you are currently already enrolled in post-secondary education, which year will you be entering in the Fall? Circle one - First Second Third Fourth | | | | | |
| 9 | Will you be a full time student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 10 | Grade Point Average (GPA): \_\_\_\_\_\_\_\_\_\_ (As a percentage)  Attach proof of GPA; your most recent **official** school transcript required. | | | | | |
| 11 | List the name of any post-secondary facilities you have previously attended. | | Year  Began | Year  Ended | Year  Graduated | Type of Degree  Received |
|  | A. |  |  |  |  |  |
| B. |  |  |  |  |  |
| C. |  |  |  |  |  |
| 12 | **AREA of STUDY**: What do you want to study or major in and why? | | | | | |
| 13 | **CAREER PLANS:** What are your career plans and what would you like to be doing in 10 years? | | | | | |
| 14 | **GOALS**: What are the short and long term goals for your life? | | | | | |

**Please list the following information on a separate sheet if needed.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 15 | **SCHOOL EXTRA-CURRICULAR ACTIVITIES:** Please list school extra-curricular activities in which you have participated. Note leadership roles and dates. | | | |
| 16 | **ORGANIZATIONS:** Please list community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active. Note leadership roles and dates. | | | |
| 17 | **RECOGNITIONS**: Please list important awards and recognitions received. Note organizations presenting honor and date. | | | |
| 18 | **FINANCIAL NEED:** Please list any financial needs you have or constraints you are challenged with and if you have qualified for any student loans or bursaries. | | | |
| 19 | **WHY:** Please explain why you feel you should be chosen for the CECA Scholarship Award in a maximum 500-word personal essay **or** provide a 2-minute personal video on why you should be the successful candidate for the CECA Scholarship Award. (You may use a separate sheet if necessary). Note: Please do not disclose your name or where your relative works in either the essay or video as the applications will be reviewed blind to whom the applicant is. | | | |
| 20 | The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee. Your application will be returned to you if these items are not attached to this application. (No exceptions.)  Mark “YES” or “NO” to be sure you have attached each item as required. | | | |
|  | YES | NO | **Application form is complete.** |
|  | YES | NO | **Two reference forms**. One academic reference from a guidance counselor or teacher and one letter of reference from an employer or other community member. |
| YES | NO | **Proof of acceptance at post-secondary education institute or current student enrollment.** A letter of acceptance or program acceptance is required with this application. Note: If you are applying to an accredited elevator mechanics institute and have not yet received acceptance, please see below. |
| YES  YES | NO  NO | If you are applying to an Elevator Mechanics institute, and have not yet received acceptance the following two items are required:  **Proof of your EDM-T licence**  **A letter from your employer confirming they have registered you to attend the course in the Fall** |
| YES | NO | **Most recent official high school or official post-secondary education transcript**. |
| YES | NO | **Personal Resume** |
|  | YES | NO | **500-word (maximum) personal essay OR 2-minute personal video on why you should be the successful applicant.** Do not include your name, address or personally identifiable information in the video or essay. |

### STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me to The CECA Scholarship Committee is true, correct and without forgery. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the CECA Scholarship Program.

I hereby understand that if chosen as a scholarship winner, according CECA’s scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_