

HCA Scholarship Program

Scholarship Amount: 1 valued at \$1500, 1 valued at \$1000

CONDITIONS	<p>Applicants must:</p> <ol style="list-style-type: none">1. be a son or daughter of an employee of a Heavy Construction Association or staff member, graduating from high school and / or entering any year of a post secondary institution or an accredited trade school of his/her choice.2. Letters of recommendation are encouraged3. have demonstrated leadership qualities through involvement in extra-curricular or community activities, includes volunteer work. (see attachment) for scoring system.4. Attach a current resume
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APPLICANT INSTRUCTIONS	<p>Complete all sections of the application form:</p> <p>Section A – to be completed by Applicant</p> <p>Section B – to be completed by HCA Member Employer</p> <p>Include with your application:</p> <ol style="list-style-type: none">1. Attach an account of your academic extra-curricular and community activities, including your leadership qualities shown through these activities, giving details as to the extent of your involvement. You may also incorporate an employment history, listing any past and present work experience as a volunteer or otherwise. (minimum one page)2. An official transcript of most recent marks.3. A cover letter stating why you are choosing the path you are studying as well as why you deserve the scholarship.
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EVALUATION CRITERIA (20% max per Criteria)	<ul style="list-style-type: none">• Academic Achievement (Grade Average)• Academic Extra Curricular Activities• Community Activities (Includes Volunteer Work)• Leadership Qualities• Employment History
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HCA Scholarship Application
SECTION A – ALL fields to be completed by applicant.

Applicant				
	Surname		Given Name(s)	
	Street #	Street		Unit/Apt
	City/ Town		Province	Postal Code
	Home Phone #	Cell Phone #	email	
Name of post secondary institution or an accredited trade school				
Program:				
REFERENCES:		List the names of two people we can contact for a character reference. Include full mailing address, telephone number, email and occupation.		
Reference 1				
	Surname		First Name	
	Street #	Street		Unit/Apt
	City/ Town		Province	Postal Code
	Home Phone #	Cell Phone #	email	
Occupation:				
Reference 2				
	Surname		First Name	
	Street #	Street		Unit/Apt
	City/ Town		Province	Postal Code
	Home Phone #	Cell Phone #	email	
Occupation:				



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SECTION B – ALL fields to be completed by Employer of Parent.

Employer (HCA Member)	Company Name		
	Street #	Street	Unit/Apt
	City/ Town	Province	Postal Code
	Business Phone #	Cell Phone #	email
	Authorized Representative		
	Signature		
	First Name		Surname
	Day	Month	Year
	Employee (Parent of Applicant)		
	Signature		
First Name		Surname	
Day	Month	Year	
Occupation:			