

HCA Scholarship Program

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

CONDITIONS

Applicants must:

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. (previous winners are ineligible)
2. Letters of recommendation are encouraged
3. 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

APPLICANT INSTRUCTIONS

Complete all sections of the application form:

Section A – to be completed by Applicant

Section B – to be completed by HCA Member Employer

Include with your application:

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.

EVALUATION CRITERIA

(20% max per Criteria)

- Academic Achievement (Grade Average)
- Academic Extra Curricular Activities
- Community Activities (Includes Volunteer Work)
- Leadership Qualities
- Employment History



Heavy Construction Association of Windsor

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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:					