

2280 Temple Drive | Windsor ON | N8W 5J5 | ph 519-974-9680 fax 519-974-3854 e cprymack@wca.on.ca

WCA Scholarship Program Scholarship Amount: 2 valued at \$2000 each CONDITIONS Applicants must: be a son or daughter of an employee of a Windsor Construction Association or staff 1. 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) Letters of recommendation are encouraged 2. have demonstrated leadership qualities through involvement in extra-curricular or 3 community activities, includes volunteer work. (see attachment) for scoring system. Attach a current resume 4 Complete all sections of the application form: APPLICANT INSTRUCTIONS Section A – to be completed by Applicant Section B – to be completed by WCA Member Employer Email all applications to cprymack@wca.on.ca 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. Academic Achievement (Grade Average) **EVALUATION** Academic Extra Curricular Activities CRITERIA

(20% max per Criteria)

- Leadership Qualities
- Employment History



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WCA Scholarship Application

SECTION A – ALL fields to be completed by applicant.

Applicant											
	Surname			Given Name(s)							
	Street #	Street				Unit/Apt					
	City/ Town			Province	9	Postal Code					
	Home Phone # C		Cell Phone #		email						
Name of post second	ary institution or	an accre	dited trade sch	nool							
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 Na	me						
	Street #	Street				Unit/Apt					
	City/ Town			Province	9	Postal Code					
	Home Phone # Cell Phone #				email						
	Occupation:										
Reference 2											
	Surname			First Name							
	Street #	Street		1		Unit/Apt					
	City/ Town				9	Postal Code					
	Home Phone #	Cell Phone #		email							
	Occupation:										



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

Employer											
(WCA Member)	Company Name										
	Street #	Street						Unit/Apt			
	Street # Street					OnitApt					
	City/ Town				Province		Postal Code				
	Business Phone	Phone # Cell Phone				email					
	Authorized F	Represe	entative								
		•									
		_			st Name	Surname					
				Day	,	Month		Year			
				Day	y	MOITUT		leal			
(Pa	Employee rent of Applicant	•									
(14		•)									
				Signature							
				First Name Surname							
							·				
				Day	/	Month		Year			
				Oc	cupation:						