



# AMALGAMATED TRANSIT UNION LOCAL 1505

401 – 275 BROADWAY WINNIPEG MANITOBA R3C 4M6 TELEPHONE 204-943-5064 FAX 204-943-5078

## AMALGAMATED TRANSIT UNION SCHOLARSHIP PROGRAM OFFICIAL APPLICATION FORM

Return completed application **BY April 1<sup>st</sup>, 2025** to:  
Amalgamated Transit Union  
401-275 Broadway Avenue  
Winnipeg, Manitoba R3C 4M6  
(204) 943-5064

Name of Applicant: Mr./Mrs./Miss/Ms. (circle one) \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street) (City) (Province, Postal Code)

Phone Number: \_\_\_\_\_

Name of Sponsoring ATU Member: \_\_\_\_\_  
Relationship of ATU member to applicant: self \_\_\_\_ eligible candidate \_\_\_\_

High School: \_\_\_\_\_ Month & Year of Graduation: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Province, Postal Code)

List in order of preference, the accredited colleges, technical or vocational institutions to which you are applying for admission (no abbreviations):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

I hereby certify that to the best of my knowledge and belief the above information is true and correct.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date