



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 MAY 15, 2026** 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