AMALGAMATED TRANSIT UNION
LOCAL 1505

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

2023 ATU SCHOLARSHIP

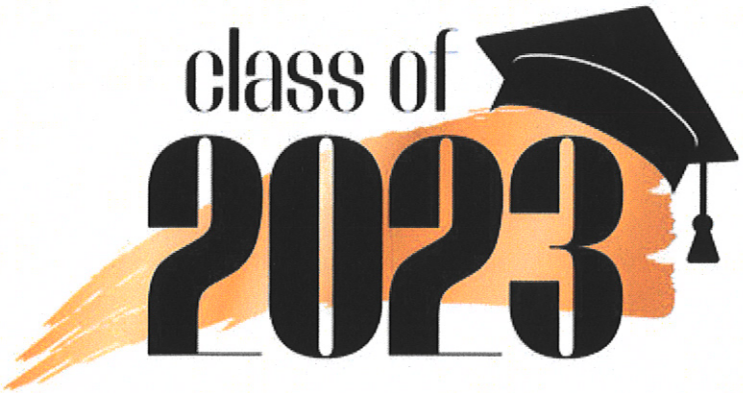
We are pleased to introduce this year's Honoree; **Bob Everton** in recognition of his dedication and accomplishments. There will be two (2) $500.00 scholarships awarded for post-secondary education purposes.

Bob Everton – 1931 – 1980 City of Winnipeg Bus Operator was in the course of his employment driving his bus when a fatal accident occurred – his bus was rear ended by a truck that caused him to be ejected from his seat, causing his untimely death.

His Seniority Number 313 stands in Memoriam on the Operator Seniority List

Applications, questionnaires and rules are available to be picked up at the Union Office at 401-275 Broadway between 08:00 and 16:00 Monday to Friday. They will also be posted online at www.atu1505.ca.

ATU Executive Board



/gl COPE 342

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 28, 2023** 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

/gl COPE 342

AMALGAMATED TRANSIT UNION
LOCAL 1505

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

2023 ATU 1505 SCHOLARSHIPS

IN HONOUR OF: Robert (Bob) Everton

Two scholarships are awarded yearly in the amount of $500 each and is open to ATU members and their children. All applicants must meet the eligibility requirements and otherwise satisfy these Rules and Procedures. For each scholarship winner, ATU will make a presentation of up to $500 to the successful applicant on Graduation day for continued education with an accredited college, a technical or a vocational post-secondary school where the award winner will be attending.

RULES AND PROCEDURES

ELIGIBILITY

1. **Applicants must be either**:

· a member of the ATU in good standing;

· the child (whether natural or legally adopted) or stepchild of a member or of a deceased member who was in good standing at the time of his or her death;

· a grandchild of a member of the ATU in good standing.

2. **Applicants must be high school seniors** planning to enter college (or technical or vocational post-secondary school) ***for the first time*** following graduation during the 2022 - 2023 school year, or **previous high school graduates that have never attended college**.

3. ATU Scholarships are NOT available to the following persons:

– those who do not intend to work without interruption toward a bachelor degree or graduation from a technical or vocational school/university

–those who are attending or have already attended college , technical or vocational school/university,

– spouses, nieces/nephews of members, and

– those who are fully funded for tuition, fees, and books from other sources.

APPLICATION PROCEDURES

Valid applications for the ATU Scholarship Program MUST include the following:

1. Completed Official Application Form
2. Scholarship Questionnaire
3. Written Essay

THE APPLICATION FORM

1. The Application form can be picked up from the ATU Office (401-275 Broadway) or online at www.atu1505.ca

2. Completed applications including Questionnaire and Essay must be sent by mail or dropped off to the ATU1505 local Office at the above address during Office hours **NO LATER THAN APRIL28, 2023**. Late applications will not be accepted.

SCHOLARSHIP OUESTIONNAIRE

1. Applicants, and/or their parent or legal guardian, must sign the authorization statement for the release of the information requested in the Scholarship Questionnaire.

2. The form should then be presented for completion to the principal or headmaster of the secondary school attended by the applicant.

3. Applicants are responsible for ensuring that this form is returned to the ATU1505 local Office:

ESSAY

1. Applicants are required to write an essay of no less than **500** words and no more than 750 words in English on the subject of: **"Organized Labor's Contribution to the Welfare of the People of Canada"**

NOTE: The essay will be evaluated on an analysis of the topic – the facts and arguments - that are presented as demonstrating that the student understands the topic, and the effectiveness of the essay in demonstrating how organized labor benefits everyone, whether they are union members or not. Grammar, style, organization and presentation will also be evaluated.

SELECTION OF SCHOLARSHIP RECIPIENTS

The ATU shall appoint a Selection Committee of community, academic, and labor leaders. No ATU officer, member, staff or employee shall participate in the final selection process.

Applicants will be judged on the basis of their scholastic record, involvement in community, extra-curricular activities, and the quality of the essay submitted.

The Committee shall select two scholarship winners and two alternates. Decisions of the Committee shall be final.

If a recipient is disqualified due to a failure to fulfill all Scholarship Program requirements, the ATU Scholarship will be awarded to the next qualified alternate.

The recipient(s) will be notified by mail of their award and will also be given a form to complete in order to obtain the scholarship funds. Upon the return of the required information, a cheque will be issued to the university or vocational school for the appropriate amount. The award will be restricted to the payment of tuition, books, and associated fees.

/gl COPE 342

AMALGAMATED TRANSIT UNION

This form is designed to collect information about your background, interests, academics, demonstrated leadership and career plans. Your answers to these questions will be used only in connection with your application for the scholarship program and will be reviewed by an independent scholarship selection committee of education professionals.

Please TYPE or PRINT LEGIBLY. You may, if you wish, type your responses on a computer (no smaller than 10 point type) and paste them into the spaces provided below each question, or attach additional pages as necessary. The completeness, neatness and legibility of your replies will allow for a thorough and comprehensive review of your credentials.

APPLICANT INFORMATION

Last Name

First Name

_____ _____

PERMANENT HOME ADDRESS ON-CAMPUS ADDRESS IF DIFFERENT FROM HOME

_____ _____ _____ _____ _____ _____

CITY PROV POSTAL CODE CITY PROV POSTAL CODE

_____-_____-_____ _____-_____-_____

TELEPHONE CELL PHONE

_____ _____

PERSONAL E-MAIL ADDRESS SCHOOL EMAIL ADDRESS

DATE OF BIRTH: _____/_____/_____ S.I.N. _____-_____-_____

EDUCATION Institution You Currently Attend:_____

Name of Institution

_____ _____ _____ _____

Address City Prov P.C.

Major/Course of Study:_____ expected graduation date ____/_____

Mo / Year

Please list all awards, honors, scholarships and other forms of recognition you have received for your academic achievements since the beginning of your undergraduate/post-secondary studies.

SCHOOL AND COMMUNITY ACTIVITIES

List activities in which you have participated during the *last three years*. (School clubs, student government, publications, varsity or club sports, theater arts, Beta Club, Scouting, 4-H, etc.) Please define any acronyms.

Name of Activity	Dates of Participation	Office/Position Held (Indicate either Elected or Appointed)	Awards or Honors
		☐ Elected ☐ Appointed	
		☐ Elected ☐ Appointed	
		☐ Elected ☐ Appointed	
		☐ Elected ☐ Appointed	
		☐ Elected ☐ Appointed	
		☐ Elected ☐ Appointed	
		☐ Elected ☐ Appointed	
		☐ Elected ☐ Appointed	

List community agencies or organizations in which you have participated without pay during the *last three years*. (Religious groups, hospital volunteer, cultural activities, outreach programs, etc.)

Name of Agency or Organization	Kind of Activity	Dates of Participation	# of Hours Each
			☐ per week ☐ per year
			☐ per week ☐ per year
			☐ per week ☐ per year
			☐ per week ☐ per year
			☐ per week ☐ per year

If you listed a leadership role in one or more of the activities or organizations cited above, please choose one; detail your responsibilities, and explain the significance of your contribution to the organization.

List jobs (including summer employment) you have held in the *last three years*.

Employer or Type of Business	Job or Type of Work	Period of Employment	Dates of Employment	Hours per Week
		☐ Full-Time ☐ Part-Time ☐ Summer ☐ School Year		
		☐ Full-Time ☐ Part-Time ☐ Summer ☐ School Year		
		☐ Full-Time ☐ Part-Time ☐ Summer ☐ School Year		

Of all your courses, activities, internships, and work experience, which one did you find most rewarding or personally satisfying? Explain why.

FAMILY INFORMATION

Enter complete information about your family below.

	Parent/Guardian/Other	Parent/Guardian/Other
Name		
Relationship to the Applicant (you)		
Occupation/Title		
Employer's Name		

Please describe your parents' relationship to each other: ☐ Divorced ☐ Separated ☐ Domestic Partners ☐ Unmarried ☐ Married ☐ Widowed

Brother(s): Number ____ Age(s) _____ Sister(s): Number ____ Age(s) _____

Enter the name(s) of the parent(s) or guardian(s) or other person(s) you live with, *if different from above.*

How has a family member or family experience been influential in your life?

FUTURE GOALS

Based on your current achievements and interests, describe the kind of work that you plan to be doing in 10 years, both in your career and in your community.

RECOMMENDATION REQUIREMENT

Two letters of recommendation are required:

- The first letter of recommendation should be provided by a guidance counselor, teacher, or school official who is familiar with your academic work.
- The second letter may come from a similar academic source or from a personal contact *(not a friend, classmate, or family member)* that has knowledge of your activities outside the classroom (e.g. extracurricular activities, community service, work experience; etc.).

AUTHORIZATION/CERTIFICATION

Please review your responses, sign your name below, and give this form to a school official for completion. Your signature will authorize your school to release the information requested, including class rank and test scores, and certify that all information you entered on this form is accurate and true.

NOTE: IT IS YOUR RESPONSIBILITY to ensure that your school releases the requested information by the program deadline.

Student's Name (Please Print) _____

Student's Signature _____ Date _____

STUDENT – DO NOT WRITE ANYTHING BELOW THIS LINE

SCHOOL INFORMATION & EVALUATION – To be completed by guidance counselor/school official.

Complete the information requested below, sign the form, and attach an official transcript of the student's grades that *includes the senior year courses* being taken. If a school profile is available, include one with this form. ***Completion of this section cannot serve as a substitute for one of the student's required letters of recommendation.***

Please provide the following information regarding the applicant's academic record.

Student's Class Rank [ ][ ].[ ][ ]

Student's Class Size [ ][ ][ ][ ]

Student's GPA [ ][ ][ ] . [ ][ ][ ] ☐ Weighted ☐ Unweighted

GPA Scale [ ][ ][ ] . [ ][ ][ ]

Standardized Test Scores

(note: all SAT scores reported below must be from the SAME test administration.)

ACT	Test Date _____		Composite Score	[ ][ ]
SAT	Test Date _____		Critical Reading	[ ][ ][ ]
	Writing	[ ][ ][ ]	Math	[ ][ ][ ]

Please rate the level of difficulty of the courses this student has taken and passed:

☐ Most Difficult ☐ Above Average ☐ Average ☐ Below Average

Based on your knowledge of the applicant, please reply to each of the following statements by checking the box that most closely matches your professional opinion of the applicant's capabilities. *Check only one box per statement.*

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
This student possesses a high level of academic ability.	☐	☐	☐	☐	☐
This student's academic performance has been exceptional.	☐	☐	☐	☐	☐
This student is highly involved in extracurricular/co-curricular activities.	☐	☐	☐	☐	☐
This student has demonstrated excellent leadership ability.	☐	☐	☐	☐	☐
This student has the self-discipline to excel in a variety of environments.	☐	☐	☐	☐	☐
This student is highly responsible.	☐	☐	☐	☐	☐

Thank you for taking the time to assist with this scholarship application.

Your signature below indicates that you have reviewed the applicant's responses and certify that they are correct, insofar as the official school records indicate.

_____
Print Name & Title of School Official

_____ _____
Signature of School Official Date

_____
Telephone Number (with area code)

_____ [ ][ ][ ][ ][ ][ ]
E-Mail Address High School Code

Please make certain to include an official transcript.
Mail all scholarship materials by the deadline date to: