



AMALGAMATED TRANSIT UNION LOCAL 1505

401 – 275 BROADWAY WINNIPEG MANITOBA R3C 4M6

TELEPHONE 204-943-5064

FAX 204-943-5078

2022 ATU 1505 SCHOLARSHIPS

IN HONOUR OF: Tadeusz Pilożow

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 2021- 2022 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 JUNE 17th, 2022**. Late applications will not be accepted.

SCHOLARSHIP QUESTIONNAIRE

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.



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 June 17th, 2022** 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



Scholarship & Recognition Programs

Scholarship Questionnaire

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.

Name of Scholarship Program to which you are applying: _____

Type of Scholarship (check one):

☐ 4-Year College Degree

☐ 2-Year Associate Degree

☐ Vo/Tech Certificate

APPLICANT INFORMATION

LEGAL NAME

Last															First															MI				
------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	----	--	--	--	--

PERMANENT HOME ADDRESS

Number and Street																																							
-------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

City														
------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State/Prov.				
-------------	--	--	--	--

Zip Code/Postal Code									
----------------------	--	--	--	--	--	--	--	--	--

☐ Male

☐ Female

COUNTRY (if different than United States)

COUNTRY (if different than United States)														
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-MAIL ADDRESS

E-MAIL ADDRESS																																							
----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TELEPHONE NUMBER

Area Code					Number				
-----------	--	--	--	--	--------	--	--	--	--

DATE OF BIRTH

Month		Day		Year	
-------	--	-----	--	------	--

SOCIAL SECURITY NUMBER

Area Code			Number		
-----------	--	--	--------	--	--

EDUCATION

HIGH SCHOOL NAME

CITY

ST/PROV

ZIP/POSTCODE

Are you enrolled in college now?

☐ Yes ☐ No

Enter your anticipated COLLEGE graduation date.

What college do you attend or plan to attend? (include campus city/state)

Are you currently a high school senior?

☐ Yes ☐ No

What is your planned major/course of study?

Enter your HIGH SCHOOL graduation date:

Other than the high school named above, list all schools that you attended in the last three years. List first the school you attended most recently.

Name of School	Location (City and State)	Dates of Attendance

List special courses or programs you have taken during the last three years. List the most recent course or program first (AP, Honors, International Baccalaureate, computer certification, electronics, etc.):

Course or Program	Name of School	Dates of Attendance

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 (President, Vice President, Secretary, Treasurer, etc.)	Awards or Honors
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> 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	Hours per Week or Year
			<input type="checkbox"/> per-week <input type="checkbox"/> per year
			<input type="checkbox"/> per week <input type="checkbox"/> per year
			<input type="checkbox"/> per week <input type="checkbox"/> per year
			<input type="checkbox"/> per week <input type="checkbox"/> per year
			<input type="checkbox"/> per week <input type="checkbox"/> per year
			<input type="checkbox"/> per week <input type="checkbox"/> 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*.

Name of Employer or Type of Business	Job or Type of Work	Period of Employment	Dates of Employment	Hours per Week
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Summer <input type="checkbox"/> Part-Time <input type="checkbox"/> School Year		
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Summer <input type="checkbox"/> Part-Time <input type="checkbox"/> School Year		
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Summer <input type="checkbox"/> Part-Time <input type="checkbox"/> 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: _____

Paran/V/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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student's Class Size	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student's GPA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GPA Scale	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Weighted
☐ Unweighted

Standardized Test Scores

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

ACT	Test Date	Composite Score	<input type="text"/>	<input type="text"/>
SAT	Test Date	Critical Reading	<input type="text"/>	<input type="text"/>
	Writing	Math	<input type="text"/>	<input type="text"/>

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student's academic performance has been exceptional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student is highly involved in extracurricular/co-curricular activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student has demonstrated excellent leadership ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student has the self-discipline to excel in a variety of environments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student is highly responsible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

High School Code

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



Scholarship & Recognition Programs is a unit of Educational Testing Service.
Copyright © 2008 Educational Testing Service. All rights reserved. ETS and the ETS logo are registered trademarks of Educational Testing Service.
AP and SAT are registered trademarks of the College Board. ACT is a trademark of ACT, Inc.