



## **CUPE LOCAL 87 LAWRENCE CHOQUETTE MEMORIAL SCHOLARSHIP AWARD**

TWO SCHOLARSHIPS OF \$350.00 EACH SHALL BE GIVEN TO TWO STUDENTS OF CUPE LOCAL 87 MEMBERS WITH THE HIGHEST SCHOLASTIC ACHIEVEMENTS OVER 65% IN THEIR FINAL YEAR OF HIGH SCHOOL AND WHO WILL BE ATTENDING A HIGHER EDUCATIONAL INSTITUTION IN THE FOLLOWING ACADEMIC YEAR.

**Applications must be submitted in written form, accompanied by final report marks to the Recording Secretary no later than May 17th, 2024.**

**THE RECIPIENTS OF THE SCHOLARSHIPS WILL BE SELECTED BY THE EXECUTIVE BOARD.**

**APPLICATION FOR CUPE LOCAL 87 LAWRENCE CHOQUETTE  
MEMORIAL SCHOLARSHIP AWARD**

**APPLICANT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**PHONE:**

**NAME OF MEMBER OF CUPE LOCAL 87: (Relationship to applicant - indicate whether parent, grandparent, or guardian)**

**SECONDARY SCHOOL CURRENTLY ATTENDING:**

**ADDRESS:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**POST SECONDARY SCHOOL APPLICANT INTENDS TO ENTER:**

\_\_\_\_\_

**PROGRAM/COURSE TO BE STUDIED:** \_\_\_\_\_

**COMMENCEMENT DATE:** \_\_\_\_\_

**Copy of academic record for current year must be attached.**

**Applications must be submitted by May 17th, 2024 to:**

**CUPE Local 87 Executive**

**1126 Roland Street**

**THUNDER BAY, ON P7B 5M4**

**Fax: (807) 345-4906**

**Email: [cupe87secretary@tbaytel.net](mailto:cupe87secretary@tbaytel.net)**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

