

## 2025 Scholarship Application Form – Ripley’s Aquarium of Canada

Please note: Send a copy of the enrollment letter along with the scholarship application form via email at [scholarship@unifor6006.com](mailto:scholarship@unifor6006.com)

**PLEASE INDICATE CLEARLY – IS THIS A SKILLED TRADE APPLICATION - (Yes or No)** \_\_\_\_\_

### Applicant’s Information:

Applicants Name: \_\_\_\_\_  
(Surname) (First /Given Name)

Date Of Birth: \_\_\_\_\_ (mm/dd/yyyy)

E-Mail Address: \_\_\_\_\_

Home/Cell Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Apt # or House #) (Street Address)

\_\_\_\_\_  
(City) (Province) (Postal Code)

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I am a member of Unifor Local 6006

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My parent is a member of Unifor Local 6006

If you are applying as the child of a member, please provide your parent’s/guardian’s information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(Complete Address)

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**Applicant's Academic Information:**

High School: \_\_\_\_\_

High School Gradation: (mm/dd/yyyy): \_\_\_\_\_

Provide the post secondary institution name you are enrolled in:

\_\_\_\_\_

Address of the institution you are enrolled in:

\_\_\_\_\_

\_\_\_\_\_

Duration of your programme: \_\_\_\_\_ (Years)

What is the level of your programme: \_\_\_\_\_ (e.g. 1<sup>st</sup> year, 2<sup>nd</sup> year etc.)

Year you graduate: \_\_\_\_\_

I \_\_\_\_\_ hereby certify that all the information provided in this application is true, complete, and accurate to the best of my knowledge.

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By submitting this application, I hereby consent to the publication by Unifor Local 6006 of my name as a recipient of a 2025 Unifor Local 6006 scholarship should my application be successful.

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

**Date:** \_\_\_\_\_ (mm/dd/yyyy)

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