SEEING RED SKILLED TRADES SCHOLARSHIP

EMPOWERING INDIGENOUS FUTURES IN SKILLED TRADES

Date of Application			
Info Make sure all your information is correct to avoid delays.			
Personal Information			
Full Name			
Date of Birth			
Address Line 1			
Address Line 2			
Phone #			
Contact Preference	Text or Call (circle one)		
Email			
S.I.N. #			

Educati	ional	Bac	kgro	ound

Program	Name of Institute	Year of Graduate	Average Grade

Employment History

Company	Position	Year	Reason for Leaving

Skills and Training

Skills & Training Achievement(s)	Level	Year	Institute

Career Objectives				
Describe why you have chosen this career path and how this program will assist in goal achievement				
Provide a brief explanation why we should select you as a Scholarship recipient.				