

TIAA Member Insulator Scholarship Application

(Revised April 2015)

Deadline 6 months from completion of training period
Awarded 3 times a year – after March 31, July 31, November 30



TIAA MEMBER INSULATOR SCHOLARSHIPS

THERMAL INSULATION ASSOCIATION OF ALBERTA

TIAA IS THE “VOICE” OF THE MECHANICAL INSULATION INDUSTRY



TIAA MEMBER INSULATOR SCHOLARSHIP

SCHOLARSHIP APPLICATION

TO BE COMPLETED BY THE APPLICANT APPLYING FOR THE SCHOLARSHIP

(Scholarships are based on the previous apprenticeship school year September - June)

This information is collected under the authority of the Income Tax Act (Canada), and the information and Protection of Privacy Act, in order to determine and verify your eligibility for the TIAA Member Insulator Scholarship. This information will be subject to the privacy, use and disclosure provisions of the Freedom of Information and Protection of Privacy Act. Please direct any questions about the use of this information to the TIAA office at (403) 244-4487.

COMPLETE THE FOLLOWING (PLEASE PRINT)

- ◆ I am applying for the **First Year Scholarship** _____ (Attach transcript of marks or letter)
- ◆ I am applying for the **Second Year Scholarship** _____ (Attach transcript of marks or letter)
- ◆ I am applying for the **Third Year Scholarship** _____ (Attach transcript of marks or letter)

Applicant's Last Name _____ First Name _____

Street Address _____

City/Town _____ Province _____

Postal Code _____ Birth Date _____ SIN # _____

Apprentice I.D. No. _____ Alberta Student # (if known) _____

Telephone # (_____) _____ Email address (optional) _____

INSULATOR TECHNICAL TRAINING

Where did you last attend technical training? _____

What period of technical training did you complete?

When did you complete your last period or level of technical training?

What were your marks in the technical portion? _____ Shop marks? _____

Have you registered for your next period of technical training? Yes _____ No _____ (please note, you must be registered for your next period if you are applying for a first or second year scholarship in order to be eligible)

Class starts date: _____ Institution _____
(day/month/year)

Are you a Canadian Citizen or Permanent Resident? Yes _____ No _____

Have you lived in Alberta all your life? Yes _____ No _____

If no, when did you move to Alberta? _____

To be considered for a scholarship you must include the **Employer Recommendation & Certification** form, completed and signed by your employer, or a person authorized on behalf of your employer. This form may be mailed separately by the person completing the recommendation OR attached to your application. (Please contact your employer for completion of Page 5 & 6). A copy of your transcripts are also required in order to qualify for a scholarship.

Name of person completing the Employer Recommendation & Certification form **(Please print):**

Position with Company _____ **Telephone #** _____

Name of TIAA Member Company

Address of Company

Company Phone Number

In approximately 100 words, describe why you are interested in the Insulator Trade, stating your objectives as well as your present or anticipated contribution to the Industry. (Please use the back of the information form should additional space be required.)

Financial Information (To be completed by Applicant)

To be considered for any scholarships you must complete this section, as there is a financial need component to be eligible.

Marital status: _____ No. of dependents under 18 years of age _____

MONTHLY EXPENSES: actual expenses incurred while attending school.

* If you are required to maintain two residences while attending school, enter each accommodation cost separately.

	Primary Residence	Residence while attending school
Rent / mortgage payment		
Utilities (light, water, telephone, heating)		
Food		
Transportation (gas, bus pass)		
SUBTOTAL MONTHLY EXPENSES	\$	\$
TOTAL COMBINED MONTHLY EXPENSES	\$	

TECHNICAL TRAINING EXPENSES:

Tuition	
Books	
School fees	
TOTAL TECHNICAL TRAINING EXPENSES	\$

OTHER EXPENSES:

Child care / babysitting	
Medical costs not covered by insurance (keep receipts)	
Clothing / personal care	
TOTAL OTHER EXPENSES	\$

MONTHLY NET INCOME: actual income while attending school

Wages/salary after deductions	
Spousal income after deductions	
Alimony and/or child support	
Government Funding: Employment Insurance Benefits	
Vocational Rehabilitation for Disabled Persons	
Assured Income for the Severely Handicapped	
Workers' Compensation Benefits	
Indian & Northern Affairs /Band Funds /Treaty Funds	
Grants	
Other Scholarships (received or to be received)	
List other income:	
TOTAL MONTHLY INCOME	\$
List other resources:	
TOTAL OTHER RESOURCES	\$

Explain any exceptional or additional expenses you would like to bring to the selection committee's attention:

DECLARATION AND AUTHORIZATION

By signing this application I declare:

<ol style="list-style-type: none"> 1. That I have answered all questions applicable to me and that all information is true and complete. 2. That if I receive a scholarship, the amount will be disclosed to the Student Finance Board, and to Canada Customs and Revenue Agency where required. 3. That if I receive a scholarship from TIAA, in order to recognize my achievements; pertinent information may be published in TIAA or other associated publications. 4. And give my permission for Thermal Insulation Association of Alberta (TIAA) to request and verify any information given in this application from the Northern Alberta Institute of Technology (NAIT) as well as any other source. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; border-top: 1px solid black; text-align: center;"> <p>SIGNATURE OF APPLICANT</p> </div> <div style="width: 35%; border-top: 1px solid black; text-align: center;"> <p>DATE</p> </div> </div>

Mail the completed Applicant Registration to:

**Thermal Insulation Association of Alberta
900 – 6 Avenue SW #600, Calgary, AB T2P 3K2**

Note: For more information please contact TIAA at (403) 244-4487 or email info@tiaa.cc

TIAA MEMBER INSULATOR SCHOLARSHIP

EMPLOYER RECOMMENDATION & CERTIFICATION

PAGES 5 & 6 ARE TO BE COMPLETED AND SIGNED BY THE APPLICANT'S EMPLOYER OR PERSON AUTHORIZED ON BEHALF OF THE EMPLOYER (SUPERVISOR OR SUPERVISING JOURNEYMAN):

Your recommendation and comments are an important component in the scholarship selection process and must be submitted for the applicant to be considered for a scholarship.

Applicant's Name _____
(Please **print** applicant's full name)

SIN # _____ Apprentice ID Number _____

Employer Company Name _____

**For the sections below, circle the letter that best describes the scholarship applicant, based on the following rating:
A= Model Employee B=Above Average C=Average D=Below Average**

I have known the apprentice for _____ months and, in comparison with other apprentices I have known at a similar stage of development, I rate this person as follows:

1. Attitude Toward:	<i>the trade</i>	A	B	C	D
	<i>training</i>	A	B	C	D
	<i>co-workers</i>	A	B	C	D
	<i>workplace</i>	A	B	C	D

Comments:

2. Work Habits:	<i>safety</i>	A	B	C	D
	<i>skills</i>	A	B	C	D
	<i>attendance</i>	A	B	C	D
	<i>willingness to learn</i>	A	B	C	D
	<i>respect for other's property</i>	A	B	C	D

Comments:

(To be completed by Employer)

3. Why is this worker an outstanding applicant for the TIAA Member Scholarship? *(Use additional sheets if necessary)*

I certify that the applicant is/was an employee of the **above TIAA member company** for the dates:

Dates applicant employed with company:

From _____ to _____

I further certify that the applicant is eligible for one of the TIAA member scholarship awards and has successfully completed the first, second or third year Insulator Apprenticeship Program as applicable:

	<u>Date commenced</u>	<u>Date completed</u>
First Year Insulator Apprenticeship:	_____	_____
Second Year Insulator Apprenticeship:	_____	_____
Third Year Insulator Apprenticeship:	_____	_____

Name of person (Print) completing this form: _____

Position of person completing this form: _____

Signature of person completing this form: _____
(Signature)

Date: _____ **Contact Phone:** _____

Please submit the completed scholarship application, employer recommendation and certification and transcripts to:

Thermal Insulation Association of Alberta
900 – 6 Avenue SW #600, Calgary, Alberta T2P 3K2
Telephone: (403) 244-4487 Fax: (403) 244-2340
www.tiaa.cc info@tiaa.cc