



# Post-Secondary Scholarship Application

## Application

The Merit Contractors Association Scholarship helps children of Merit member employees pursuing post-secondary education, including apprenticeship technical training. This scholarship can be awarded to post-secondary students in any year of their current program at an accredited post-secondary organization, with a maximum of one application per student during their schooling. While this scholarship is not necessarily given out based on academic standing, there are a limited number of spots and Merit reserves the right to reject applications based on the number of applications we receive. The total sum awarded per person for the scholarship will be \$1,500. The scholarship applies to any accredited post-secondary institution.

## Criteria:

- 1) Student **must** be under 25 years of age at the December 31, 2019 deadline.
- 2) Parent/Guardian **must be** in benefit at the time of application. (If you require further clarification as to your benefit status, please contact Merit Mercon Benefits at 1-877-263-7266.)

## To apply:

Submit the following by December 31, 2019, to Merit Contractors Association:

- 1) The completed and signed application
- 2) Acceptance letter from institution including student ID number (can be a photocopy)
- 3) Verification of enrolment document

**\*\* Incomplete applications will not be considered.**

### Mail or Drop off at:

Merit Contractors Association  
103 - 13025 St. Albert Trail  
Edmonton, AB  
T5L 4H5

Phone: 780-455-5999

Email: [merit@meritalberta.com](mailto:merit@meritalberta.com)



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## Student Information: (Please TYPE or PRINT)

Name: \_\_\_\_\_  
Surname First Name(s)

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ (mm/dd/yyyy) S.I.N. \_\_\_\_\_

*Note: For tax purposes you must include a S.I.N. number for this application to be complete.*

## Student Education:

Name of school attended previous year: \_\_\_\_\_ Years attended: \_\_\_\_\_

Post-secondary educational institution attending: \_\_\_\_\_

Program of study: \_\_\_\_\_ Student I.D. Number: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

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

## Parent Information: (Please TYPE or PRINT)

Name: \_\_\_\_\_  
Surname First Name(s)

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

Merit/Mercon I.D Number: \_\_\_\_\_  
(10 digit number located on Prescription Drug Card (e.g 090000\*\*\*\* or 0000\*\*\*\*\*)

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

## Checklist

- Verification of enrolment document
- Completed application form
- Acceptance letter from post-secondary organization

\_\_\_\_\_  
Date of application

\_\_\_\_\_  
Signature of applicant (student)