

Up to ten *NLCA Scholarships Awards* valued at \$1000 each and the *Lar Rossiter Memorial Scholarship Award* valued at \$2000 will be awarded this year to the dependants of owners and employees of member firms in good standing. *All qualifying candidates will be entered for both scholarship awards.*

### How to Apply

An application form may be obtained from your employer or at [www.nlca.ca](http://www.nlca.ca).

The completed application must be signed by a management representative or owner of the company. The completed application form, along with a high school transcript and proof of enrolment in a post-secondary program, shall be submitted to the attention of Ms. Adelle Connors, Education & Training Coordinator:

Mail: Newfoundland and Labrador Construction Association  
397 Stavanger Drive, Suite 202  
St. John's, NL A1A 0A1  
Email: [aconnors@nlca.ca](mailto:aconnors@nlca.ca)

The email subject line or envelope must read "**NLCA Scholarship Application**".

### Eligibility

This scholarship program is available to applicants who meet the following requirements:

- Completion of high school (or *Adult Basic Education* or *General Education Diploma*)
- Currently enrolled in post-secondary studies - priority will be given to those in their first semester. Applicants must show proof of enrolment. Please note that students in any type of post-secondary program are encouraged to apply.
- Must be a dependent of an employee or owner of a NLCA member firm in good standing, or a dependent of an NLCA employee.

### Selection for Scholarship

The recipients shall be selected by the NLCA Education and Training Committee. The following criteria shall be considered:

- Academic standing.
- Community involvement, including membership in organizations, extra-curricular activities, volunteerism, etc.
- Interest in pursuing a career in, or related to, the construction industry.
- Financial need.

*Please note that efforts will be made for regional representation where candidates meet eligibility criteria.*

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**Application deadline: Friday, November 4, 2022**

**Section 1: Applicant Information**  
 To be completed by the applicant

*In order for your application to be valid, you **MUST** attach a Department of Education certified copy of your marks and a letter from the registrar of your post-secondary school stating that you are enrolled as a full time student.*

Name: \_\_\_\_\_ Parent/Guardian Name(s): \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

■ Highschool from which you graduated: \_\_\_\_\_

■ Post Secondary school you are now attending: \_\_\_\_\_

**If you require additional space, please feel free to include attachments.**

To help the judging committee evaluate the applications, please complete the following below. Please provide as much detail as possible.

Community Involvement *(including membership in organizations, extra-curricular activities, volunteerism, etc.):*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Work Experience:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Career choice:**

\_\_\_\_\_  
 \_\_\_\_\_

**Financial Need Statement:**

\_\_\_\_\_  
 \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 2: Affiliation with the Construction Industry**  
*To be completed by the parent or guardian.*

**Parent/Guardian**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Employer**

Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Section 3: Verification of Application (Confidential)**  
*To be completed by NLCA Member Firm*

I, \_\_\_\_\_, of \_\_\_\_\_  
do hereby certify that Mr./Mrs./Miss \_\_\_\_\_  
was employed by our company (choose one of the following):

- During the last 12 months (from date of application). Please specify the duration of the employment in the comments below.
- Is on workers compensation, now and prior to the past 12 months, but not more than 36 months and is considered to be an employee.
- Was not in my employ during the past 12 months.

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Authorized Person: \_\_\_\_\_ Date: \_\_\_\_\_

***Sections 1 and 2 are to be completed and forwarded to a management representative of the employer.***