

PERSONAL INFORMATION

First Name		Last Name	
Mailing Address			
City		Postal Code	
Email			
Phone Number			
Social Insurance Number*		Date of Birth	

*If you prefer, you may call the Construction Foundation with your SIN #.

TROWEL TRADES TRAINING ASSOCIATION PROGRAM INFORMATION

Program Year	<input type="checkbox"/> Apprenticeship Level 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Cost of Tuition		Cost of Books	

ENSURE THE FOLLOWING ITEMS ARE INCLUDED *WITH* YOUR COMPLETED APPLICATION FORM:

1. 100 - 500-word statement of goals
Consider Including:
 - Why you have chosen a career in the masonry industry.
 - What are your future goals as a mason?
2. Submit an unofficial copy of your transcripts (high school or post-secondary)
3. Proof of registration and acceptance in your program
4. One references (may be personal or professional)
5. Letter of support from your current employer.
6. Confirm current membership status in Masonry Institute of BC.

Signature:	Date:
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Submit the completed application form, statement of goals, unofficial transcripts, proof of registration, and references **3 months prior to training start date** to: grants@constructionfoundation.ca or mail to the address listed below.

Construction Foundation of BC

963 Langford Parkway, Suite 215
Victoria, BC V9B 0A5
250 220 5861

constructionfoundation.ca

