THINK BIG Toromont Cat Scholarship Application Form



PLEASE RESPOND TO ALL QUESTIONS IN FULL & EMAIL TO ADDRESS AT THE BOTTOM.

Applicant Name:		
(First Name)	(Last Name)
2. Permanent Address:		
(Street)		(Apt.#)
(City)	(Province)	(Postal Code)
Telephone #:		
Email :		
3. Are you entering College v	vithin 12 months of completing hi	igh school? Circle one: YES NO
4. Please indicate your year	of high school completion:	
5. Please provide an official of attached: YES NO	copy of your OSSD high school to	ranscript with your application. Transcript
Cat:	•	our transcript will be forwarded to Toromont nscript submission date.
6. Please indicate the college (College)	e, program and start date you are	e registered for: (Start Date)
	, ,	(Start Date)
7. Are you enrolled as a full t	me student? YES NO	
provide information to Torom	Form, you give permission to ont Cat regarding confirmation oProgram and fire arship funding in the remaining se	
	e employment with Toromont Ca for an internship and/or employm	t and willing to travel to one of our branches nent upon graduation?
10. Are you physically capab hours daily? Circle one: YES		reaching and lifting continuously for 8 to 10

11. Are you willing to work outdoors occasionally and in shop conditions? Circle one: YES NO

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Please explain why you have chosen this career path: (50 words or less)		
-time or summer employment v	vities in the community, extracurricularity within the past three years:	ular activities, volunteer work, an
Start & End Date	Employer	Organization Activity

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Include: a description of the activity, duration, what role, and what was the end result of your activity. S	was the purpose, what was involved, what was your ubmit additional pages if required.
	
15. Include a letter of reference from your Toromon (if applicable).	t Cat co-op branch Supervisor or Manager
Signature of applicant:	Date:

Attention: Amanda Rosi Re: "THINK BIG" Scholarship

Toromont Cat 416-420-2161

Email: arosi@toromont.com