

# CUPE 374 SCHOLARSHIP APPLICATION FORM

CANADIAN UNION OF PUBLIC EMPLOYEES LOCAL 374



MEMBER'S NAME: \_\_\_\_\_ 374 UNIT: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
(mm/dd/yy)

RELATIONSHIP TO MEMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_  
(Home) (Cell)

CURRENT STUDY STATUS: \_\_\_\_\_  
(PLEASE CIRCLE ONE)

GRADUATING HIGH SCHOOL	CURRENT POST SECONDARY STUDENT	RETURNING TO POST SECONDARY STUDIES
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WHICH SCHOOL AND/OR PROGRAM ARE YOU PLANNING TO ATTEND: \_\_\_\_\_  
\_\_\_\_\_

PLEASE INDICATE:  FULL TIME STUDIES  PART TIME STUDIES

\* PLEASE GIVE A BRIEF DESCRIPTION OF YOUR INTENDED STUDIES AND WHAT YOU ARE HOPING TO ACHIEVE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is to certify that I am a dependent of a current CUPE Local 374 member and that I have applied for post secondary education with the intentions of attending school in the 2021/2022 school year.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I am a current CUPE Local 374 member and I have a dependent that has applied for post secondary education with the intentions of attending school in the 2021/2022 school year.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Please note that the original copy of this application is not required, a scanned PDF copy is acceptable.*

*\* Please note that the selection process is 100% lottery style, however, we would like to have a brief description of the applicants' intended studies to share with our members once the recipients have been selected.*