



SARAH FAIRBRASS LEGACY 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

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 upcoming school year. By submitting this application I agree that, should my application be successful, CUPE 374 may publish my name on their website and social media channels.

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 upcoming school year. By signing this application I agree that, should my dependent's application be successful, CUPE 374 may publish my name and unit on their website and social media channels.

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.*