



Education Assistance Fund (EAF) - UFCW Members Only (296 Marion Office)

Member Information

Name _____ Employee #: _____

Address _____

City _____ Province _____ Postal Code _____

Telephone (h) _____ (w) _____ (c) _____ Email: _____

Eligibility Criteria

I, _____ am applying for education assistance, and am presently employed by the St. Boniface General Hospital.

I have/have not (please circle) previously received education assistance from Local 832.

If Yes - When? _____

Scholastic Information-Applying for assistance – January 1 – June 30, 2017

College or university must be a recognized post-secondary institution. **Proof of enrolment is required.**

School Name: _____ Student # _____

School Address: _____ Phone # _____

Program of Study: _____

Full-time _____ Part-time _____ Hours per week _____ Length of Program/Studies _____

Tuition & other compulsory fees \$ _____ Books & supplies \$ _____

Other expenses (please specify): _____ \$ _____

_____ \$ _____

_____ \$ _____

Total \$ _____

To complete your application, **please read the following conditions and sign at the bottom.**

UFCW Local 832 will select from the qualified applicants. The decision will be final and binding and will not be subject to appeal. I declare the information provided in this application to be true.

Date

Signature of Member

If under 18 years of age, please have this form signed by parent or guardian.

Signature of Parent/Guardian

Relationship to Applicant

Application must be submitted by June 30, 2017