



**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 – July 1 – December 31, 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 ..... \$ \_\_\_\_\_

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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 December 31, 2017**