



**Scholarship Application 2017-2018 - UFCW Members Only (296 Marion Office)**

**Member Information**

Name \_\_\_\_\_ Employee #: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_ Email: \_\_\_\_\_

I have/have not (please circle) previously received a scholarship from Local 832. If yes, when? \_\_\_\_\_

**Scholastic Information:**

I am applying for education assistance to assist with the costs related to the **2017/2018** academic year. College or university must be a recognized post-secondary institution. **Proof of enrolment is required (A copy of a receipt of payment made to the school).**

School Name: \_\_\_\_\_ Student # \_\_\_\_\_

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 by seniority. 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 postmarked by September 30, 2017**