

Scholarship Application 2019-2020 - Immediate Family Members

Member/Student Information

Member Name _____ Employee #: _____
 Address _____
 City _____ Province _____ Postal Code _____
 Telephone (h) _____ (w) _____ (c) _____ Email: _____
 Name of Family Member: _____ Relationship to Member: _____

Eligibility Criteria

I, _____ as the member applying for this scholarship for my
 _____ (relationship), _____ (name of family member).
 _____ (name of family member) has not previously received a scholarship award
 from UFCW Local 832.

Scholastic Information:

I am applying for a scholarship to assist with the costs related to the **2019/2020** academic year. College or university must be a recognized post-secondary institution. **Proof of enrolment is required.**

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 based on the member's 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 Student

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, 2019