



Scholarship Application 2019-2020 - 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 **2019/2020** 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, 2019