



CUPE / Canadian Union
of Public Employees

CUPE LOCAL 2545 SCHOLARSHIP APPLICATION FORM

Applicant Information :

Full Name: _____

Permanent Home Address: _____

City, Prov, Postal Code: _____

CUPE Information:

Member Name: _____

Workplace : _____

Scholastic Information:

I am enrolled in _____ (year)

At: _____ (Institution)

For the year _____ to _____ year.

In making this application, I am enclosing copies of supporting documentation to prove enrolment in this institution. I further confirm that the information submitted herewith is true and complete and that I have never been a recipient of this scholarship in the past.

Signature of Applicant

Date

DEADLINE FOR APPLICATION IS SEPTEMBER 1st EACH YEAR.