

New Brunswick Council of Hospital Unions Bursaries

Revised February 2013

Ann Craig Memorial	Leo Cormier Memorial	Harley Harrison Memorial	Jean Thebeau Leadership
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FOUR (4) \$500.00 BURSARIES SHALL BE AWARDED ANNUALLY BY THE NEW BRUNSWICK COUNCIL OF HOSPITAL UNIONS CUPE LOCAL 1252. APPLICANTS MUST BE A MEMBER, SON, DAUGHTER, SPOUSE, PARTNER, STEPSON, STEPDAUGHTER OR WARD OF AN ACTIVE, RETIRED OR DECEASED MEMBER AND ATTENDING OR ABOUT TO ENROLL IN ANY INSTITUTION OF HIGHER LEARNING. *THE JEAN THEBEAU LEADERSHIP BURSARY WILL BE AWARDED TO AN ACTIVE MEMBER; IF NO MEMBER HAS APPLIED, THEN IT WILL BE AWARDED TO THE NEXT SUCCESSFUL GENERAL APPLICANT.*

All applicants for these Bursaries must be written on the prescribed form and must be received by the Secretary-Treasurer **NBCHU CUPE 1252, 96 Norwood Ave Moncton, NB E1C 6L9** or the Education Committee of the New Brunswick Council of Hospital Unions CUPE Local 1252 no later than September 1st.

The successful Applicant will be notified, in writing, immediately following the decision of the Education Committee of the New Brunswick Council of Hospital Unions CUPE Local 1252.

PLEASE NOTE! ALL INFORMATION REQUESTED ON BOTH SIDES OF THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY. AN INCOMPLETE APPLICATION MAY BE DISQUALIFIED.

Name of Applicant in full: _____

Address of Applicant: _____

Telephone Number of Applicant: _____

Postal Code: _____

Applicants Date of Birth: ____/____/____

MONTH / DAY / YEAR

Status of Applicant: (a) Member (c) Daughter (e) Stepson (g) Ward

(b) Son (d) Spouse (f) Stepdaughter (h) Partner

Members Local Number for said Applicant: _____

Name of Applicants Parent or Guardian: _____

Address of Applicants Parent or Guardian: _____

Postal Code: _____

COMPLETE SECOND PAGE

Name of last School or Institution you attended: _____

State which Institution of Higher Learning you are attending or planning to attend.

_____.

What is your expected tuition fee? \$ _____

What are your expected accommodation fees? \$ _____

Please state the name of the course you are enrolled in: _____

Please state the number of months or years required for the course: _____

Please state the number of months or years that you have completed: _____

Have you received any Scholarships or Bursaries? Yes [] No []

If the answer to the above is "Yes", then please give particulars. (Year, Name of Scholarship or Bursary, and amount awarded.)

Please list all of your extra curricular Activities. (I.e. Sports, School Activities, Volunteer Work, Work, etc)

Date: _____/_____/_____
Month Day Year

Signature of Applicant: _____

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THE FOLLOWING MUST BE COMPLETED BY AN EXECUTIVE MEMBER OF YOUR LOCAL UNION

I, _____, Executive Member of CUPE Local _____ do solemnly declare that

_____ is an active, retired or deceased member

of CUPE Local _____

**Date: _____/_____/_____
Month Day Year**

**PROOF OF REGISTRATION, TO THE INSTITUTION OF HIGHER LEARNING, BY THE SUCCESSFUL APPLICANT
MUST BE SUBMITTED TO THE SECRETARY-TREASURER OF THE NEW BRUNSWICK COUNCIL OF HOSPITAL
UNIONS CUPE LOCAL 1252, IN ORDER TO RECEIVE ANY OF THESE BURSARIES**