

UFCW 649 Scholarship Application Form

Date _____

Name of Applicant _____

Street Address _____

City _____

Province _____

Home Phone _____

Postal Code _____

Work Phone _____

Name of Union Member _____

Department _____

Location _____

Relationship to Applicant _____

.....

Post Secondary Institute Attending _____

Diploma or Degree Sought _____

Length of Course _____

Year Attending _____ of _____ (ex. Year 2 of 3)

Please attach a transcript of marks attained from the previous year of education.

Please attach a copy of proof of acceptance and/or enrollment.

