

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 _____

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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

In the space provided, please list any extra activities / community involvement you may have undertaken. For example, Community Clubs, Volunteer Organizations, Student Government, Sports Club, etc. Please list positions held and recognition / awards received.

Signature of Applicant _____

Signature of UFCW Member _____

Please ensure Application is filled out neatly and correctly.

Please include enrollment information as well as marks transcript

<p style="text-align: center;">FOR COMMITTEE USE ONLY</p> <p><i>Date Application Received</i> _____</p> <p><i>Committee Member Signature</i> _____</p> <p><i>Committee Members: Tamara Giesbrecht-Remarchuk, Tammy Gust, Brant Palko</i></p>
