

# **PROVINCIAL SCHOLARSHIP APPLICATION FORM**

## **CANADIAN UNION OF PUBLIC EMPLOYEES** **AUBREY BURTON/REG FORD** **MEMORIAL SCHOLARSHIP**

### **PLEASE PRINT**

Available to students entering first year of higher education after completing Grade Twelve.

\_\_\_\_\_ Last Grade Completed \_\_\_\_\_ June 2017  
Date of Application Semester School Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_ Surname \_\_\_\_\_ Given Names \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Intended School or Institute \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ Field of Study to be Pursued \_\_\_\_\_  
Union Member's Home Address  
(if different from above)

\_\_\_\_\_ Father/Mother or Guardian's Name that  
is a CUPE Member \_\_\_\_\_ Union Member's email address \_\_\_\_\_

\_\_\_\_\_ CUPE Local \_\_\_\_\_ Union Member's phone (Home or Cell) \_\_\_\_\_

### **REQUIRED WITH THIS APPLICATION:**

1. Transcript of Secondary School Marks.
2. Letter of reference from Principal or Counselor.
3. Letter of acceptance from Intended School or Institute.

\_\_\_\_\_  
Signature of Applicant

### **MAIL COMPLETED APPLICATIONS TO:**

CUPE B.C. Division  
#510-4940 Canada Way  
Burnaby, BC V5G 4T3

**OR EMAIL a scanned application with the three  
required documents to: [info@cupe.bc.ca](mailto:info@cupe.bc.ca)**

**DEADLINE: August 15, 2017**