

OPSEU LOCAL 101 2020 SCHOLARSHIP APPLICATION FORM

APPLICANT INFORMATION	CURRENT EDUCATIONAL INSTITUTE
NAME _____	NAME _____
D.O.B. _____ <small>(DD/MM/YY)</small>	_____
ADDRESS _____ <small>STREET</small>	ADDRESS _____ <small>STREET</small>
_____	_____
CITY _____	CITY _____
_____	_____
POSTAL CODE _____	POSTAL CODE _____
TEL. (Home) _____	OFFICE TEL. _____
TEL. (Cell) _____	OFFICE FAX _____
E-MAIL _____	

EDUCATIONAL INSTITUTE YOU ATTEND/PLAN TO ATTEND
NAME _____
PROGRAM _____
ADDRESS _____

TO APPLY:
The applicant must submit the following;
<ul style="list-style-type: none"> ◇ Completed Scholarship Application Form ◇ Proof of acceptance/payment at a Canadian Post-Secondary Public Education/Training Program, or, proof of current enrollment at a Post-Secondary Institution ◇ Two letters of reference (Teacher/Employer/Community Leader) ◇ 500 word essay describing your career goals, work ethic, volunteer/public service
DEADLINE FOR SUBMISSION: June 9th, 2020

OPSEU MEMBER INFORMATION (PARENT/GRANDPARENT/GUARDIAN/STEP-PARENT)	
NAME _____	OPSEU NUMBER (LOCAL 101) _____
CAMPUS/DEPARTMENT _____	
OPSEU MEMBER E-MAIL _____	WORK TEL. _____
OPSEU MEMBER SIGNATURE _____	

APPLICANT SIGNATURE _____	DATE _____
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