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**CUPE LOCAL 409 BURSARY
APPLICATION FORM**

SURNAME: GIVEN NAME(S):

HOME ADDRESS:

POSTAL CODE: HOME PHONE:

SCHOOL:

SCHOOL ADDRESS:

POSTAL CODE:

Scholarship Contact Name: _____ Contact School Phone: _____

(usually school counsellor)

CUPE Local 409 Member's Name: _____ Relationship: _____

Intended Post Secondary Institution: _____

Area of Study: _____

Anticipated Enrollment Date: _____ 2011 _____

Career Goal: _____
