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CUPE LOCAL 409 LINDSAY TENNANT MEMORIAL 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 (if applicable): _____

Relationship: _____

Intended Post Secondary Institution: _____

Area of Study: _____

Anticipated Enrolment Date: _____ 2011 _____

Career Goal:
