



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:
