



**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:

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