

DONALD WILKINS & DONNA KENNIE MEMORIAL BURSARIES

Application form
From the Canadian Union of Public Employees Local 813

15 (fifteen) Five Hundred Dollar (\$500.00) Bursaries are awarded annually in September by Cupe Local 813 to a member, spouse, son, daughter, stepson/daughter or ward attending or about to attend an institution of higher learning or course for advancement within your profession.

Three (3) Donald Wilikins Memorial Bursaries and Two (2) Donna Kennie Memorial Bursaries will be awarded and 10 General bursaries in the annual draw.

All applicants for these Awards must be on the prescribed form and **Must** be received by the Secretary Treasurer of Cupe Local 813 **No Later Than August 15th** for the Bursaries . Any forms received after this date will not be considered for the draw. The successful applicants will be notified following the decision being reached by the random draw at the September Meeting of Cupe Local 813.

Applications can be mailed to Cupe Local 813, PO Box 788, Saint John, N.B. E2L 4B3. Emailed to 813CUPE@gmail.com with the tag line Bursary in the subject line or faxed to 506 648 3406 with a cover page identifying the subject of the fax.

Name of Applicant in full: _____

Address of Applicant: _____

Postal Code: _____ Telephone _____

Applicants Date of Birth: _____ / _____ / _____
MONTH / DAY / YEAR

Status of Applicant: a) Member _____ b) Son _____ c) Daughter _____ d) Spouse _____
e) Step son/ daughter _____ f) Ward _____

<p>Do not fill out this area if applicant is a member of Cupe Local 813.</p> <p>Name of applicant's Parent or Guardian _____</p> <p>Address of applicant's Parent or Guardian _____</p>	State _____
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which Institution of higher learning, or the course you are attending or plan to attend.

Proof of Enrollment of the applicant MUST be submitted with this application. If proof is not supplied, application will be Void.

Date _____ Signature _____

FAILURE TO COMPLETE ALL SECTIONS WILL RESULT IN YOUR APPLICATION BEING DISQUALIFIED.

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This section to be filled out by the Secretary-Treasurer of Cupe Local 813.

As the Secretary-Treasurer of Cupe Local 813, do solemnly declare that the above is a member, or prescribed relative of a member as identified, in good standing of Cupe Local 813.

Date _____ Signature _____



CUPE Scholarships Bourses d'études

Six scholarships valued at 500\$ each are available annually for full-time attendance at a Post-Secondary Institution, University or Community College

Those eligible are:

1. Union members in good standing with a CUPE local affiliated to CUPE NB
2. Sons, daughters or legal wards of members in good standing affiliated to CUPE NB

Basis of awards: Consideration will be given to the reflection paper, school grades, financial needs and aptitude.

Applications must be completed on the current form and must be received by mail on or before October 31st.

Scholarships will be awarded in January.

Chaque année, six(6) bourses d'études d'une valeur de 500\$ chacune sont disponibles pour les élèves qui fréquentent à temps plein une institution postsecondaire, université ou collège communautaire.

Les personnes admissibles sont :

1. Membres en règle d'une section locale affiliée au SCFP NB
2. Fils, filles ou tutelle d'un membre en règle affilié au SCFP NB

Critères de base pour les bourses : document de réflexion, notes de cours, besoins financiers et aptitude seront pris en considération.

Afin que votre demande soit considérée, ce formulaire doit être dûment complété et reçu par la poste au plus tard le 31 octobre.

Les bourses seront remises en janvier.

Application Form

IMPORTANT

The following criteria must be adhered to:

- The application form must be completed and signed by the applicant and an executive local member
- Acceptance letter attached
- Self-reflection paper (minimum 150 words) e.g.who I am, my goals, sports, school activities, volunteer work, hobby, work, family... etc.
- Reference letter from a non-relative e.g.coach, pastor, principal

The successful candidates will be contacted in December-January.

Scholarship application forms must be sent by email to:

Kim Copp
Secretary-treasurer, CUPE NB
kimcopp16@gmail.com

Formulaire de demande

IMPORTANT

Les critères suivants doivent être respectés:

- Le formulaire de demande doit être complété et signé par le (la) candidat(e) et un membre de l'exécutif de la section locale
- Lettre d'admission incluse
- Document de réflexion personnelle (minimum 150 mots), comme par exemple : qui suis-je, mes buts, sports, activités scolaires, bénévolat, passe-temps, emploi, famille... etc.
- Lettre de référence d'une personne n'ayant aucun lien de parenté, comme par exemple, entraîneur, curé, directeur d'école

Nous communiquerons avec les candidats/ candidates retenus en décembre et janvier.

Les formulaires de demande doivent être envoyés par la poste à :

Kim Copp
Secrétaire-trésorière du SCFP NB
kimcopp16@gmail.com

1. Personal Information / Renseignements personnels

First Name / Prénom

Middle Name / Deuxième prénom

Surname / Nom de famille

Date of Birth / Date de naissance

Address / Adresse

Apt. / App.

Telephone / Téléphone

City / Ville

Province

Postal Code / Code postal

High School/University/College Attended/École secondaire, université ou collège fréquenté

Status of Applicant / Statut du candidat/de la candidate

Member / membre

Son / fils

Daughter / fille

Ward / tutelle

2. Post-secondary Education Information/ Information sur l'éducation postsecondaire

Name of Post-secondary Institution /Nom de l'institution postsecondaire

Program of study and year in attendance/Programme d'études et année de fréquentation

Commencement date / Date de début:

3. CUPE Member / Membre du SCFP

First Name/Prénom

Surname/Nom de famille

CUPE local number / Numéro de la section locale du SCFP

Relationship to applicant / Parenté avec le/la candidat/e:

Job Title / Occupation

Household Income / Revenu familial _____
(Including parents or guardians and applicant)
(Incluant celui des parents ou tuteurs et du/de la candidat/e)

Names and age of dependants / Noms et âge des personnes à charge

4. Self-Reflection Paper / Document de réflexion personnelle

Please submit a self-reflection paper. Papers are to be typed, double spaced and a minimum of 150 words. This paper is a significant component of the scholarship application.

Veillez soumettre un document de réflexion personnelle. Le document doit être dactylographié, à double interligne et d'au moins 150 mots. Ce document est un élément important de la demande de bourse.

5. Signatures

Signature of applicant / Signature du/de la candidat/e:

_____ Date: _____

This is to certify that _____ is a member in good standing of CUPE NB.

Ceci certifie que _____ est un membre en règle du SCFP NB.

Signature of Local Executive Member and position

Signature d'un membre de l'exécutif de la section locale et son poste

_____ Date: _____

Check list

Please verify that all necessary documentation is enclosed:

- ✓ Completed, signed application form
- ✓ Enrollment letter from university/college
- ✓ Self-reflection paper
- ✓ Reference letter

Please keep copies as the originals will not be returned

Liste de vérification

Assurez-vous que tous les documents nécessaires sont inclus:

- ✓ Formulaire de demande complété et signé
- ✓ Lettre d'admission de votre institution postsecondaire
- ✓ Document de réflexion personnelle
- ✓ Lettre de référence

Veillez conserver une copie des documents accompagnant votre demande car les originaux ne seront pas retournés.

Deadline:

All application forms and supporting documentation must be received by **October 31st**. Application forms received after this date or incomplete forms will not be considered.

Date d'échéance:

Tous les formulaires de demande et la documentation complémentaire doivent être reçus au plus tard le **31 octobre**. Les formulaires de demande reçus après cette date ou les formulaires incomplets ne seront pas retenus.



NBCHU CUPE LOCAL 1252

**Sponsored by:
Higgins General Insurance**



The Muriel Duckworth Memorial Bursary

Revised February 2013

NBCHU CUPE LOCAL 1252 in partnership with Higgins General Insurance is pleased to offer an annual bursary in the amount of \$1000.00. This bursary will be offered to a full-time student who will be attending university or trade school/community college. The bursary is in the name of Muriel Duckworth, who for 60 years, worked as a tireless crusader and advocate for social justice and change. Muriel was involved with numerous organizations supporting peace initiatives, social reform and educational development all across Canada. Muriel played an integral role in the evolution and development of Canadian women's social and peace movements on local, provincial and national levels. Sometimes her role included that of singer in the well-known protest group "The Raging Grannies" who were the highlight of many rallies and demonstrations over the years. Sister Duckworth died in 2009, at the age of 100.

Applicants must be a member, son, daughter, stepson, stepdaughter, spouse, partner or ward of an active, retired or deceased member.

The basis of this bursary shall be the applicant's financial need and current and ongoing volunteerism/social activism in his/her community. Please complete the form on both sides.

Name of Applicant in full: _____

Address of Applicant: _____

Postal Code: _____

Telephone Number of Applicant: _____

Applicants Date of Birth: _____
MONTH / DAY / YEAR

Status of Applicant: (a) Member (c) Daughter (e) Stepson (g) Ward
(b) Son (d) Spouse (f) Stepdaughter (h) Partner

Members Local Number for said Applicant: _____

Name of Applicants Parent or Guardian: _____

Address of Applicants Parent or Guardian: _____

Postal Code: _____

The following **MUST** be completed by an Executive Member of the local union.

I, _____, Executive Member of CUPE Local _____ do solemnly declare that _____ is an active, retired or deceased member of CUPE Local _____.

Date _____ Signature of Executive Member _____



NBCHU CUPE LOCAL 1252

**Sponsored by:
Higgins General Insurance**



The Muriel Duckworth Memorial Bursary

Income of Applicant: _____

Name and location of school you are planning to attend:

Title of Course/Program you are accepted to take: _____

If you have received any bursaries/scholarships for this year, please outline the name/amount:

If you have a summer job this year, please give details:

PLEASE NOTE: You must include an outline of your involvement in unpaid volunteer activities by submitting a typewritten resume and cover letter describing your volunteerism/social activism, the length of service and time commitment.

Also please include a reference letter completed by an individual who is familiar with your volunteer activities with full contact information but who is not related.

Date: _____ Signature of applicant: _____

The successful Applicant will be notified in writing immediately following the decision of the Education Committee of NBCHU CUPE Local 1252. Proof of registration by the successful applicant must be submitted to the Secretary-Treasurer of the New Brunswick Council of Hospital Unions CUPE Local 1252 in order to receive this bursary.

APPLICATIONS must be received by the Secretary-Treasurer NBCHU Cupe 1252, 96 Norwood Ave Suite 302, Moncton, NB E1C 6L9 or the Education Committee of the New Brunswick Council of Hospital Unions CUPE Local 1252 by September 1st

New Brunswick Council of Hospital Unions Bursaries

Revised February 2013

Ann Craig Memorial	Leo Cormier Memorial	Harley Harrison Memorial	Jean Thebeau Leadership
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FOUR (4) \$500.00 BURSARIES SHALL BE AWARDED ANNUALLY BY THE NEW BRUNSWICK COUNCIL OF HOSPITAL UNIONS CUPE LOCAL 1252. APPLICANTS MUST BE A MEMBER, SON, DAUGHTER, SPOUSE, PARTNER, STEPSON, STEPDAUGHTER OR WARD OF AN ACTIVE, RETIRED OR DECEASED MEMBER AND ATTENDING OR ABOUT TO ENROLL IN ANY INSTITUTION OF HIGHER LEARNING. *THE JEAN THEBEAU LEADERSHIP BURSARY WILL BE AWARDED TO AN ACTIVE MEMBER; IF NO MEMBER HAS APPLIED, THEN IT WILL BE AWARDED TO THE NEXT SUCCESSFUL GENERAL APPLICANT.*

All applicants for these Bursaries must be written on the prescribed form and must be received by the Secretary-Treasurer **NBCHU CUPE 1252, 96 Norwood Ave Moncton, NB E1C 6L9** or the Education Committee of the New Brunswick Council of Hospital Unions CUPE Local 1252 no later than September 1st.

The successful Applicant will be notified, in writing, immediately following the decision of the Education Committee of the New Brunswick Council of Hospital Unions CUPE Local 1252.

PLEASE NOTE! ALL INFORMATION REQUESTED ON BOTH SIDES OF THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY. AN INCOMPLETE APPLICATION MAY BE DISQUALIFIED.

Name of Applicant in full: _____

Address of Applicant: _____

Telephone Number of Applicant: _____

Postal Code: _____

Applicants Date of Birth: ____ / ____ / ____

MONTH / DAY / YEAR

Status of Applicant: (a) Member (c) Daughter (e) Stepson (g) Ward
(b) Son (d) Spouse (f) Stepdaughter (h) Partner

Members Local Number for said Applicant: _____

Name of Applicants Parent or Guardian: _____

Address of Applicants Parent or Guardian: _____

Postal Code: _____

COMPLETE SECOND PAGE

Name of last School or Institution you attended: _____

State which Institution of Higher Learning you are attending or planning to attend.

What is your expected tuition fee? \$ _____

What are your expected accommodation fees? \$ _____

Please state the name of the course you are enrolled in: _____

Please state the number of months or years required for the course: _____

Please state the number of months or years that you have completed: _____

Have you received any Scholarships or Bursaries? Yes [] No []

If the answer to the above is "Yes", then please give particulars. (Year, Name of Scholarship or Bursary, and amount awarded.)

Please list all of your extra curricular Activities. (I.e. Sports, School Activities, Volunteer Work, Work, etc)

Date: _____ / _____ / _____
Month Day Year

Signature of Applicant: _____

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THE FOLLOWING MUST BE COMPLETED BY AN EXECUTIVE MEMBER OF YOUR LOCAL UNION

I, _____, Executive Member of CUPE Local _____ do solemnly declare that

_____ is an active, retired or deceased member

of CUPE Local _____

Date: _____ / _____ / _____
Month Day Year

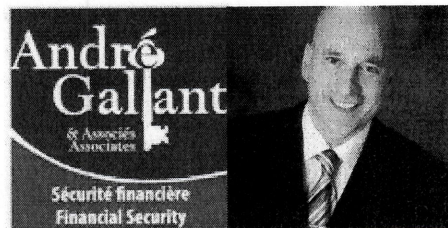
**PROOF OF REGISTRATION, TO THE INSTITUTION OF HIGHER LEARNING, BY THE SUCCESSFUL APPLICANT
MUST BE SUBMITTED TO THE SECRETARY-TREASURER OF THE NEW BRUNSWICK COUNCIL OF HOSPITAL
UNIONS CUPE LOCAL 1252, IN ORDER TO RECEIVE ANY OF THESE BURSARIES**



SOLIDARITY BURSARY

NBCHU CUPE LOCAL 1252

**Sponsored By
André Gallant Financial Security**



February 2013

NBCHU CUPE LOCAL 1252 in partnership with André Gallant Financial Security is pleased to offer an annual bursary in the amount of \$300.00.

Applicants must be a member, son, daughter, spouse, partner, stepson, stepdaughter or ward of an active, retired, or deceased member and attending or about to enroll in any institution of higher learning.

The basis of this bursary shall be the applicant's financial need and curricular activities. Please complete both sides.

Name of Applicant in full: _____

Address of Applicant: _____

Postal Code: _____

Telephone Number of Applicant: _____

Applicants Date of Birth: _____
MONTH / DAY / YEAR

Status of Applicant: (a) Member (c) Daughter (e) Stepson (g) Ward

(b) Son (d) Spouse (f) Stepdaughter (h) Partner

Members Local Number for said Applicant: _____

Name of Applicants Parent or Guardian: _____

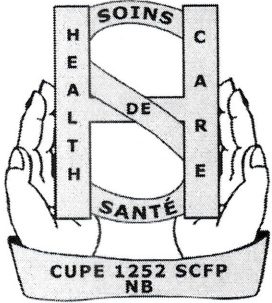
Address of Applicants Parent or Guardian: _____

_____ Postal Code: _____

The following MUST be completed by an Executive Member of the local union.

I, _____, Executive Member of CUPE Local _____ do solemnly declare that _____ is an active, retired or deceased member of CUPE Local _____.

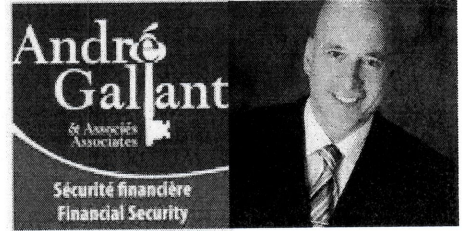
Date _____ Signature of Executive Member _____



SOLIDARITY BURSARY

NBCHU CUPE LOCAL 1252

*Sponsored By
André Gallant Financial Security*



Income of Applicant: _____

Name and location of school you are planning to attend: _____

Tuition: _____

Title of Course/Program you are accepted to take: _____

If you have received any bursaries/scholarships for this year, please outline the name/amount:

Please list all your curricular activities (i.e. Sports, School activities, Volunteer Work, Work...etc.)

Date: _____ Signature of applicant: _____

The successful Applicant will be notified in writing immediately following the decision of the Education Committee of NBCHU CUPE Local 1252. Proof of registration by the successful applicant must be submitted to the Secretary-Treasurer of the New Brunswick Council of Hospital Unions CUPE Local 1252 in order to receive this bursary.

APPLICATIONS must be received by the Secretary-Treasurer NBCHU, CUPE 1252, 96 Norwood Ave Suite 302, Moncton, NB E1C 6L9 or the Education Committee of the New Brunswick Council of Hospital Unions CUPE Local 1252 by September 1st.



Brother Doug Kingston Memorial Bursary



Created 2017

One (1) \$1252.00 BURSARY SHALL BE AWARDED ANNUALLY BY THE NEW BRUNSWICK COUNCIL OF HOSPITAL UNIONS CUPE LOCAL 1252. APPLICANTS MUST BE A MEMBER, SON, DAUGHTER, SPOUSE, PARTNER, STEPSON, STEPDAUGHTER OR WARD OF AN ACTIVE, RETIRED OR DECEASED MEMBER AND ATTENDING OR ABOUT TO ENROLL IN ANY INSTITUTION OF HIGHER LEARNING.

All applicants for these Bursaries must be written on the prescribed form and must be received by the Secretary-Treasurer **NBCHU CUPE 1252, 96 Norwood Ave, Suite 302 Moncton, NB E1C 6L9** or the Education Committee of the New Brunswick Council of Hospital Unions CUPE Local 1252 no later than September 1st.

The successful Applicant will be notified, in writing, immediately following the decision of the Education Committee of the New Brunswick Council of Hospital Unions CUPE Local 1252.

PLEASE NOTE! ALL INFORMATION REQUESTED ON BOTH SIDES OF THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY. AN INCOMPLETE APPLICATION MAY BE DISQUALIFIED.

Name of Applicant in full: _____

Address of Applicant: _____

Postal Code: _____

Telephone Number of Applicant: _____

Applicants Date of Birth: ____ / ____ / ____

MONTH / DAY / YEAR

Status of Applicant: (a) Member (c) Daughter (e) Stepson (g) Ward
(b) Son (d) Spouse (f) Stepdaughter (h) Partner

Members Local Number for said Applicant: _____

Name of Applicants Parent or Guardian: _____

Address of Applicants Parent or Guardian: _____

Postal Code: _____

COMPLETE SECOND PAGE...

Name of last School or Institution you attended: _____

State which Institution of Higher Learning you are attending or planning to attend.

What is your expected tuition fee? \$ _____

What are your expected accommodation fees? \$ _____

Please state the name of the course you are enrolled in: _____

Please state the number of months or years required for the course: _____

Please state the number of months or years that you have completed: _____

Have you received any Scholarships or Bursaries? Yes [] No []

If the answer to the above is "Yes", then please give particulars. (Year, Name of Scholarship or Bursary, and amount awarded.)

Please list all of your extra-curricular Activities. (i.e. Sports, School Activities, Volunteer Work, Work, etc.)

Date: _____ / _____ / _____
Month Day Year

Signature of Applicant: _____

.....
THE FOLLOWING MUST BE COMPLETED BY AN EXECUTIVE MEMBER OF YOUR LOCAL UNION

I, _____, Executive Member of CUPE Local _____ do solemnly declare that

_____ is an active, retired or deceased member of

CUPE Local _____

Date: _____ / _____ / _____
Month Day Year

PROOF OF REGISTRATION, TO THE INSTITUTION OF HIGHER LEARNING, BY THE SUCCESSFUL APPLICANT MUST BE SUBMITTED TO THE SECRETARY-TREASURER OF THE NEW BRUNSWICK COUNCIL OF HOSPITAL UNIONS CUPE LOCAL 1252, IN ORDER TO RECEIVE BURSARY

