DONALD WILKINS & DONNA KENNIE

MEMORIAL BURSARIES

Application form
From the Canadian Union of Public Employees Local 813

Ten (10) Five Hundred Dollar (\$500.00) Bursaries are awarded annually. Five (5) in September and five (5) in January by Cupe Local 813 to a member, spouse, son, daughter, step-son/daughter or ward attending or about to attend an institution of higher learning.

Three (3) Donald Wilikins Memorial Bursaries and Two (2) Donna Kennie Memorial Bursaries will be awarded in each of the bi-annual draws.

All applicants for these Awards must be on the prescribed form and <u>Must</u> be received by the Secretary-Treasurer of Cupe Local 813 <u>No Later Than August 15th</u> for the September scholarships and <u>December 15th</u> for the January Awards. Any forms received after these dates will not be considered for that draw, but will be forwarded to the next draw if applicable. Applicants are only eligible for one Award per year. The successful applicants will be notified following the decision being reached by the selection committee of Cupe Local 813.

Applications can be mailed to Cupe Local 813, PO Box 788, Saint John, N.B. E2L 4B3.

| 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 |
| *****Do not fill out this area if applicant is a member of Cupe Local 813. | |
| *****Name of applicant's Parent or Guardian | |
| ****Address of applicant's Parent or Guardian | |
| Name of School or Institution last Attended | |
| State which Institution of higher learning you are attending or plan to attend. | |

What will be your expected Tuition Fee for the year _____ Will you be living at home? Yes____ No ____ If NO, indicate the expected accommodation fee _____ State type of course enrolled in _____ Length of time to complete course _____ Completion date _____ Course start date _____ Have you received any other scholarships and list if any? Signature _____ Date _____ FAILURE TO COMPLETE ALL SECTIONS WILL RESULT IN YOUR APPLICATION BEING DISQUALIFIED. This section to be filled out by the Secretary-Treasurer of Cupe Local 813. I _______, Secretary-Treasurer of Cupe Local 813, do solemnly declare that _____ is a member in good standing of Cupe Local 813. Signature _____ Date _____

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

will be **Void**.

Revised 09