

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

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 _____

Course start date _____ Completion date _____

Have you received any other scholarships and list if any? _____



Date _____

Signature _____

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.

Date _____

Signature _____