**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](mailto: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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Applicants Date of Birth: | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |
|  | **MONTH / DAY / YEAR** |
| Status of Applicant: | a) Member\_\_\_\_\_\_ b) Son\_\_\_\_\_\_ c) Daughter\_\_\_\_\_\_ d) Spouse\_\_\_\_\_\_ |
|  | e) Step son/ daughter\_\_\_\_\_\_\_\_ f) Ward\_\_\_\_\_ |

State 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.**

**……………………………………………………………………………………………………………………………**

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Revised 2022**