BURSARY APPLICATION FORM

DATE: _____

SPONSOR'S NAME: _____

(Must be a Member in good standing of CUPE Local 2361)

JOB CLASSIFICATION: _____

(i.e. Caretaker, Painter, etc.)

HOME ADDRESS: _____

POSTAL CODE: _____

TELEPHONE NUMBER: _____

EMAIL: _____

RELATIONSHIP TO APPLICANT: _____

APPLICANTS NAME: _____

HOME ADDRESS: _____

POSTAL CODE: _____

TELEPHONE NUMBER: _____

EMAIL: _____

APPLICANT'S STATUS: _____

(MUST BE A FULL-TIME STUDENT, AND ATTACH PROOF OF SAME TO THIS FORM)

NAME OF UNIVERSITY, COLLEGE, OR OTHER

POST SECONDARY INSTITUTION: _____

COARSE START DATE: _____

SPONSOR'S SIGNATURE _____ RECEIVED_____

APPLICATANT'S SIGNATURE _____ DATE _____