

President
Kevin Ivey

Vice President
Darryl McNeill

Recording Secretary
Tracy Rudderham

Secretary Treasurer
Mike Whitty

John Bersuk, Calvin Michalik, & CUPE 759 Memorial Bursaries Application Form:

CUPE LOCAL 759 will be awarding three, five hundred dollar (\$500.00) bursaries annually starting in January 2012. The bursaries will be awarded by CUPE Local 759 to a member, spouse, son, daughter, step-daughter, grandson/granddaughter or ward attending a post-secondary institution (university, trade, private college) fulltime (September 2020 to June 2021 term).

The three awards will be chosen by a draw held at the **January 2021** monthly meeting.

All applicants for these Awards must be on the prescribed application form below and **MUST** be received by the Secretary – Treasurer of **CUPE Local 759 NO LATER THAN January 15, 2021** for the January 2021 scholarships.

Any forms received after the date will not be considered. **Applicants are only eligible to win one of the John Bersuk, Calvin Michalik, or CUPE 759 award per year.** The successful applicants will be notified by the selection committee of Local 759.

Applications can be delivered to Tracy Rudderham (Central), Darrell MacDonald (East) or Kevin Ivey (North) or mailed to Mike Whitty CUPE Local 759 at 14 Forbes Ave, North Sydney, NS, B2A 1Y9.

APPLICATION FORM:

Name of Applicant in full: _____

Address of Applicant: _____

Postal Code: _____ Telephone: _____

Email Address: _____

Applicants Date of Birth : _____ / _____ / _____

Month / Day / Year

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

****Do not fill out this area if applicant is a member of CUPE Local 759.

****Name of applicant's Parent (Guardian) _____

****Address of applicant's Parent (Guardian) _____

****Telephone number applicant's Parent (Guardian) _____

Name of the School or institution currently _____

Enrolled In: _____

State which Institution of higher learning you are attending **Proof of Enrollment (letter of enrollment from registrar's office)** of the applicant **MUST** be submitted with this application. If proof is not supplied, application will be **VOID**.

State type of program enrolled in _____

Length of time to complete program _____

Program start date _____ Completion date _____

Date _____ Signature _____

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

This section of the application to be completed by Secretary – Treasurer of CUPE Local 759.

I _____, Secretary – Treasurer of CUPE Local 759 do solemnly declare that
_____ is a member in good standing of CUPE Local 759.

Date _____ Signature _____