

Local 759 – Municipal Outside Workers

President Vice President David Kelloway 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 2024 to June 2025 term). The three awards will chosen by a draw held at the January 2025 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, 2025** for the January 2025 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 Dave Kelloway, Tracy Rudderham or Darryl McNeill (Central), Francis O'Rielly (East) or Mike Whitty (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 / c	daughterG) \	Ward
****Do not fill out this area if a	applicant is a i	member of (	CUPE Local 759.		
****Name of applicant's Paren	t (Guardian)				
****Address of applicant's Pare	ent (Guardian)				
****Telephone number applica	ant's Parent (G	uardian)			
Name of the School or institution	on currently				
Enrolled In:					
State which Institution of highe from registrar's office) of the a supplied, application will be <u>VO</u>	pplicant <u>MUS</u>				
State type of program enrolled	in				
Length of time to complete pro	gram				
Program start date		Completi	on date		
Date	Signa	ture			
FAILURE TO COMPLETE ALL SI	ECTIONS WILI	. RESULT IN	YOUR APPLICA	TION BEING DI	SQUALIFIED.
*****	******	*****	* * * * * * * * * * * * * * * * * * * *	******	*****
This section of the application to l	be completed b	y Secretary –	Treasurer of CUP	E Local 759.	
I	, Secr	etary – Treasi	urer of CUPE Loca	l 759 do solemnly	declare that
	is a m	ember in goo	d standing of CUF	PE Local 759.	
Date	Signa	ture			