

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 _____