**CANADIAN UNION OF PUBLIC EMPLOYEES, LOCAL #5101 BURSARY**

**(Public School Support Workers – S.D.#79 Cowichan Valley)**

**APPLICANT’S NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***(LAST) (FIRST)***

Street Address: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Cell No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School name ***(presently attending):*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL INFORMATION:**

1. Date of Birth: DAY \_\_\_\_\_\_ MONTH\_\_\_\_\_ YEAR \_\_\_\_\_\_ Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Parents/ Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3: Name and position of CUPE relative who is the Local #5101 (SD#79 - Cowichan Valley) member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Name and location of the workplace where the above CUPE #5101 member is employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Applicant’s relationship to the CUPE Local #5101 member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Other dependent children (in family) currently enrolled in post-secondary school :

 **Name Age Post Secondary School**

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

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

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

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

**AMBITION:**

1. Name of post-secondary institution *(vocational, technical, academic)* you plan to attend next year

 ***(if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_*

1. Program of studies to be undertaken: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. Ultimate ambition or occupation ***(if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**ADDITIONAL INFORMATION REQUIRED *(continued on reverse):***

1. Attach transcript or secondary school marks ***(including current mid-term).***
2. Attach a personal letter stating your reasons for applying for this Bursary. Please include your involvement in such things as the community, your school, leadership experiences, membership in organizations, teams, personal interests or hobbies ***(include awards earned).***
3. Attach preferably 2 letters of reference from respected members of the community ***(ie: your school counsellor, teacher, administor AND/OR team coach, employer, minister, etc.).*** A personal interview may be requested if all other conditions are equal between applicants.

**APPLICATION FORM MUST BE SUBMITTED BY THE DEADLINE OF MAY 1st, TO THE ATTENTION OF CUPE LOCAL #5101 BURSARY COMMITTEE**

**FINANCIAL CIRCUMSTANCES: Please complete with care and consideration!**

 ***(All information will be kept confidential)***

***FUNDS AVAILABLE (Income)***:

Have you saved any money yourself to be used for post-secondary education? How much? …. $\_\_\_\_\_\_\_\_\_\_\_

Other known or anticipated awards (ie: Passport to Education, etc.) **Please specify:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ …………………. $ \_\_\_\_\_\_\_\_\_\_\_

Anticipated earnings (ie: summer employment) …………………………………………………………………….. $ \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian/Sponsor contribution …………………………………………………………………………………… $ \_\_\_\_\_\_\_\_\_\_\_

Other anticipated sources (ie: student loans and/or grants, etc.) **Please specify:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ………………….. $ \_\_\_\_\_\_\_\_\_\_

Anticipated **TOTAL INCOME ………………………………………………………………………………………………….** $ \_\_\_\_\_\_\_\_\_\_

**PROPOSED BUDGET *(Expenses):***

Tuition and Activity Fees ……………………………………………………………………………………………………….. $ \_\_\_\_\_\_\_\_\_\_\_

Textbooks and Supplies …………………………………………………………………………………………………………. $ \_\_\_\_\_\_\_\_\_\_\_

Cost of Accommodation ***(check type)***

 \* With parents \_\_\_\_

 \* Campus residence \_\_\_\_

 \* Residence off campus \_\_\_\_

 \* Other \_\_\_\_ **Please specify:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ……………. $ \_\_\_\_\_\_\_\_\_\_\_\_

Transportation ………………………………………………………………………………………………………………………… $ \_\_\_\_\_\_\_\_\_\_\_

Clothing and Personal Needs …………………………………………………………………………………………………… $ \_\_\_\_\_\_\_\_\_\_\_

Miscellaneous Expenses ………………………………………………………………………………………………………….. $ \_\_\_\_\_\_\_\_\_\_\_

Proposed **TOTAL EXPENSES** ……………………………………………………………………………………………………… **$ \_\_\_\_\_\_\_\_\_\_\_**

**EXPENSES MINUS INCOME EQUALS NEED:**

**$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***( Expenses) minus (-) (Income) equals (=) (NEED)***

**APPLICANT’S DECLARATION: *I hereby declare that the information given in answer to all questions is true and complete in all respects:***

**SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**