

**LIUNA LOCAL 527
STUDENT GRANT APPLICATION FORM 2020**

APPLICANT INFORMATION

Name: _____ Social Insurance No. _____

Primary Address: _____

School year address: _____

Gender: Female Male Date of Birth (____/____/____) Preferred Language of Correspondence
MM DD YYYY English French

EMAIL: _____ Primary Telephone: _____ Other Telephone: _____
Facsimile Number: _____

CURRENT POST-SECONDARY INSTITUTION AND EDUCATIONAL INFORMATION

Institution Name: _____

Location: _____ Degree/Diploma/Certificate Sought: _____

I have completed or will complete the end of Academic Year 2019-2020 (*check one*):

First Year Second Year Other (*please specify*) _____ - of a _____ - year program

on : Date of Completion: _____
month day year

Please indicate with a (✓) – proof of successfully completing the 2019/2020 college or university year as required

is enclosed will be forward by (Date) _____

MEMBER INFORMATION

Member Name: _____

Address: _____ Phone: _____

City: _____ Province: _____ Postal Code: _____

Social Insurance No. _____ Member No. _____

ELIGIBILITY CRITERIA

Applicants must:

1. have attended a Canadian College or University as a full-time student for the 2019/2020 school year;
2. submit an official transcript of grades for the 2019 /2020 completed period of study;
3. submit proof of a 65% average (CPA equivalent);

Member's eligibility must first be determined and applications will only be considered if the member is determined eligible. Also, Applicants must be listed as a dependent by the member on the Registration Form at the LIUNA Local 527 Benefit Health and Safety Trust Fund Office. Students who have received a scholarship award for the 2019/2020 academic year are not eligible for the 2019/2020 Student Grant.

Completed applications and required documents must be submitted no later than July 24, 2020 to:

LIUNA Local 527 Scholarship Fund
Attention: Student Grant Department
6 Corvus Court, Ottawa, ON (K2E 7Z4)

I understand and accept that any information, including the personal information contained in this application will be used for the purposes of determining eligibility and to facilitate and maintain ongoing administrative correspondence with applicants.

I authorize the publication of my name and post-secondary institution by the Fund.

I certify that the information provided in this application and in the accompanying documentation is true, accurate and complete.

Signature of Applicant: _____ Date: _____

Signature of Member: _____ Date: _____