

LIUNA LOCAL 527 BERARDINO CARROZZI 2021 SCHOLARSHIP AWARDS APPLICATION FORM

APPLICANT INFORMATION

Name: _____ Social Insurance No. _____

Primary Address: _____

School year address: _____

Gender: Female Male

Date of Birth ____/____/____
MM DD YYYY

Preferred Language of Correspondence
English French

EMAIL: _____

Primary Telephone: _____

Other Telephone: _____
Facsimile Number: _____

CURRENT POST-SECONDARY INSTITUTION AND EDUCATIONAL INFORMATION

Institution Name: _____

Location: _____

Degree/Diploma/Certificate Sought: _____

I will have completed by the end of Academic Year 2020-2021 (*check one*):

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

MEMBER INFORMATION

Member Name: _____

Address: _____

Phone: _____

City: _____

Province: _____

Postal Code: _____

Social Insurance No. _____

Member No. _____

ELIGIBILITY CRITERIA

Eligibility for the LIUNA Local 527 Scholarship Award is based on the following criteria:

Applicants must:

1. be attending a Canadian College or University as a full-time student in a minimum two-year program;
2. submit a minimum 500 (and not more than 1000) word essay in English or French on the following:
“What is the role of Unions on the re-opening of the economy post COVID?”
3. submit an official transcript of grades for their most recently completed period of study;
4. submit evidence of enrollment in a full-time program in a Canadian College or University and proof of fees payment for 2021/2022 fall/winter term;
5. submit proof of a 70% average (GPA equivalent);
6. submit a Resume which will include a description of their community involvement;
7. submit completed Reference Form.

Members' eligibility must first be determined and applications will only be considered if the member is determined eligible. Applicants must also be listed as a dependent by the member on the Registration Form at the LIUNA Local 527 Benefit Health and Safety Trust Fund Office.

Completed applications and required documents must be submitted no later than July 23, 2021 to:

LIUNA Local 527 Scholarship Fund
Attention: Independent Selection Committee
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 by the Independent Selection Committee for the purposes of evaluation and selection, and to facilitate and maintain ongoing administrative correspondence with applicants.

I understand that the Fund will not release application evaluations or the results of the evaluation process, except to inform me if my application has been accepted for a Scholarship Award.

If my application is selected for a Scholarship Award, I authorize the publication of my name and post-secondary institution by the Fund. I also understand the essay I have submitted will become the property of the Scholarship Fund to be used as they deem necessary.

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

Signature of Applicant: _____

Date: _____

Applicants will be notified in writing by the Fund of the outcome of the selection made by the Independent Selection Committee in September 2021. Information on the status of your application will not be given over the telephone.

The personal information collected on this application form is collected pursuant to the Freedom of Information and Protection of Privacy Act and will be used to administer the LIUNA Local 527 Scholarship Awards program and process the application.