

# LIUNA LOCAL 527 BERARDINO CARROZZI 2023 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 2022-2023 (*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:  
«**With the recent polarization of the left and right in North America, where do unions fit?**»
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 2023/2024 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 June 30, 2023 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 2023. 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.