

# LIUNA LOCAL 527 STUDENT GRANT APPLICATION FORM 2025

## APPLICANT INFORMATION

Name:		Social Insurance No.	
Primary Address:			
School year address:			
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of Birth ( / / ) MM DD YYYY		Preferred Language of Correspondence English <input type="checkbox"/> French <input type="checkbox"/>
EMAIL:	Primary Telephone:		Other Telephone: Facsimile Number:

## CURRENT POST-SECONDARY INSTITUTION AND EDUCATIONAL INFORMATION

Institution Name:		Degree/Diploma/Certificate Sought:	
Location:			
I have completed or will complete the end of Academic Year 2024-2025 ( <i>check one</i> ):			
<input type="checkbox"/> First Year <input type="checkbox"/> Second Year <input type="checkbox"/> Other ( <i>please specify</i> ) _____ - of a _____ - year program			
on : Date of Completion: _____ month     day     year			
Please indicate with a (✓) – proof of successfully completing the 2024/2025 college or university year as required.			
<input type="checkbox"/> is enclosed <input type="checkbox"/> 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 2024/2025 school year;
2. submit an official transcript of grades for the 2024 /2025 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 2024/2025 academic year are not eligible for the 2024/2025 Student Grant.

Completed applications and required documents must be submitted no later than July 4, 2025 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: