

Member & Dependant Bursary Application Form

Member Information:

Last Name (Please print clearly) Home Address		First Name City and Postal Code				
						Phone
Membership Info	rmation:					
		<u>F/</u>	/T P/T /	AUX TFT		
Date of Hire	P	Please circle one above				
Dependant Inform	nation (If Applicable):					
Last Name (Please print clearly)		First N	First Name			
Home Address		City an	City and Postal Code			
Phone		Home I	Home Email Address			
Education Inform	ation:					
		Full Time:	Y/N	Part Time:	Y/N	
Program	Institution	City Paid Learr	ty Paid Learning Contract: Y			

Application Submission:

 Please read the Member & Dependant Bursary Policy to determine whether or not you are eligible. Complete the application in full and mail to the union post office box or submit to any member of the Executive Board. The application deadline is June 30th. Applications will be accepted to September 30th, but priority will be given to those applications received by June 30th.

Member Signature

Date