

Member & Dependant Bursary Application Form

Member Information	on:	
Last Name (Please print clearly)		First Name
Home Address		City and Postal Code
Phone		Home Email Address
Membership Inforn	nation:	
		<u>F/T P/T AUX TFT</u>
Date of Hire	Total Years of Ser	ce Please circle one above
Dependant Informa	tion (If Applicable):	
Last Name (Please prin	t clearly)	First Name
Home Address		City and Postal Code
Phone		Home Email Address
Education Informat	ion:	
		Full Time: Y/N Part Time: Y/N
Program	Institution	
Application Submis	sion:	
		irsary Policy to determine whether or not you are eligible. to the union post office box or submit to any member of the
		e is June 30 th . Applications will be accepted to September
30 th , but priorit	y will be given to those a	plications received by June 30 th .
 Member Signature		 Date