



**UNIFOR LOCAL 4504 SCHOLARSHIP APPLICATION FORM**

<b>CLOSING DATE FOR APPLICATIONS: August 1, 2019</b>		REFERENCE #: (Office Use only)	
<b>NAME:</b>			
<b>ADDRESS:</b>			
<b>CITY:</b>		<b>POSTAL CODE:</b>	
<b>TELEPHONE/CELL PHONE NUMBER:</b>			
<b>NAME OF PARENT OR GUARDIAN:</b>			

**DECLARATION:** I, the undersigned applicant, do officially affirm that the information I have given to the following questions is, to the best of my knowledge and belief, true, accurate, and complete, and I authorize the Executive Board to verify any or all of the enclosed statements as deemed necessary.

**SIGNATURE OF APPLICANT**

**DATE**

**NOTE TO APPLICANTS:** This sheet will be removed before this application is submitted to the Referee (or Panel of Referees) who will make the selections of the successful candidates and whose decision is final and not subject to appeal. The Referee (s) or Executive Board shall not enter into any correspondence regarding choices of recipients for these awards.



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CURRENT SCHOOL	YEAR OF STUDY	FACULTY PROGRAM

**WILL YOU BE ENROLLED FULL-TIME OR PART-TIME?**

**FULL-TIME**

**PART-TIME**

**AREA OF CONCENTRATION (if applicable):**

**DO YOU PLAN TO COMPLETE THE ENTIRETY OF YOUR PROGRAM AT YOUR CURRENT SCHOOL?**

**YES**

**NO**

**IF NO, BRIEFLY INDICATE YOUR OTHER PLANS:**

**ARE YOUR PARENTS OR GUARDIANS CONTRIBUTING FINANCIALLY TOWARDS YOUR EDUCATION?**

**YES**

**NO**



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**DO YOU RECEIVE FINANCIAL SUPPORT FROM OTHER MEMBERS OF YOUR FAMILY WHO LIVE IN THE SAME HOUSEHOLD AS YOUR PARENT (S) OR GUARDIANS (S)?**

**YES**

**NO**

**WILL YOU BE WORKING THIS SUMMER AND OR DURING THE ACADEMIC YEAR TO HELP FINANCE YOUR EDUCATIONAL EXPENSES?**

**PLEASE EXPLAIN:**

**ARE YOU THE RECIPIENT OF ANY OTHER SCHOLARSHIP(S) OR SIMILAR FINANCIAL AWARDS)?**

**YES**

**NO**

**IF YES PLEASE INDICATE THE NAMES OR THE SCHOLARSHIPS AND THEIR AMOUNTS.**

**DO YOU HAVE ANY DEPENDENTS? IF SO, PLEASE INDICATE THEIR RELATIONSHIP TO YOU.**



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**HAVE YOU APPLIED FOR UNIFOR LOCAL 4504 (UNBEA) SCHOLARSHIPS PREVIOUSLY?**

YES

NO

**IF YES, PLEASE INDICATE WHAT YEAR AND IF YOU WERE SUCCESSFUL?**

**PLEASE FILL IN YOUR COMPLETE EDUCATIONAL BACKGROUND IN THE TABLE BELOW**

NAME OF SCHOOL / COLLEGE	LOCATION	FROM	TO	MARKS OR GPA

**PLEASE INDICATE ANY SPECIFIC ACADEMIC ACHIEVEMENTS IN THE TABLE BELOW:**

ACADEMIC ACHIEVEMENT	WHEN



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**PLEASE LIST ANY EXTRA CURRICULAR ACTIVITIES YOU PLAN TO BE INVOLVED IN DURING THE YEAR.**

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**PLEASE FILL IN THE DETAILS OF YOUR PROJECTED INCOME AND EXPENSES FOR THE PERIOD MAY 2019 TO MAY 2020**

EXPENSES		INCOME	
TUITION AND FEES		SUMMER SAVINGS	
BOOKS/ INSTRUMENTS		PARENT'S CONTRIBUTION	
ROOM		SPOUSE'S CONTRIBUTION	
MEALS		SCHOLARSHIPS	
CLOTHING		BURSARIES	
TRAVEL		LOANS	
OTHER (DETAILS)		OTHER (DETAILS)	
<b>TOTAL</b>		<b>TOTAL</b>	

**ON A SEPARATE SHEET PLEASE EXPLAIN HOW YOUR FIELD OF STUDY RELATES TO YOUR LONG-TERM GOALS, AND HOW WILL A CAREER IN YOUR CHOSEN FIELD OF STUDY ENABLE YOU TO CONTRIBUTE TO SOCIETY AND ENHANCE THE LIVES OF OTHERS? PLEASE DO NOT EXCEED 2000 WORDS.**



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**IF YOU BELIEVE THE REFEREE (OR PANEL OF REFEREES) SHOULD HAVE ANY ADDITIONAL INFORMATION TO SUPPORT YOUR APPLICATION, PLEASE ATTACH A SEPARATE SHEET.**

### **NOTE TO APPLICANTS**

**Please send your application to: Unifor Local 4504 Office, 10 Garland Ct, PO Box 4400, Fredericton, NB E3B 5A3. Email: [unifor4504@unb.ca](mailto:unifor4504@unb.ca)**

**Thank you for your interest in and application for the Unifor Local 4504 Scholarships. Please note the deadline for submission is August 1, 2019 and please ensure you have included a letter of recommendation from a teacher, principal, or community activist, your most current school transcripts/record of marks, and the handwritten/typewritten letter (relating to your field of study etc.). The Union wishes you the best in your career studies and all the best in the application/awards process.**