



## SOLIDARITY BURSARY

NBCNHU

Application Form



Sponsored by Higgins Insurance

NBCNHU, in partnership with Higgins Insurance, is pleased to offer 2(two) annual bursaries in the amount of \$500.

Applicants must be a member, or a son, daughter, spouse, partner, stepson, stepdaughter, or ward of an active, retired, or deceased member and attending or about to enroll in any post-secondary institution. He/she will submit a 500-hundred-word essay on "Unions in the Workplace".

The basis of this bursary shall be the applicant's financial needs and curricular activities. Please complete both sides.

### Applicant Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number (Primary): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Status of Applicant:    ☐ Member    ☐ Daughter    ☐ Stepson    ☐ Ward

☐ Son            ☐ Spouse            ☐ Stepdaughter    ☐ Partner

Member's Local Number for said Applicant: \_\_\_\_\_

Name of Applicant's Parent or Guardian: \_\_\_\_\_

Address of Applicant's Parent or Guardian: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### THE FOLLOWING MUST BE COMPLETED BY AN EXECUTIVE MEMBER OF THE LOCAL UNION:

I, \_\_\_\_\_, Executive member of CUPE Local \_\_\_\_\_ do solemnly swear that  
\_\_\_\_\_ is an active, retired, or deceased member of CUPE Local \_\_\_\_\_.

Date \_\_\_\_\_ Signature of Executive Member \_\_\_\_\_



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### Application Form (continued)

Income of Applicant: \_\_\_\_\_

Tuition: \_\_\_\_\_

Name and Location of school that you plan to attend: \_\_\_\_\_  
\_\_\_\_\_

Name of Course/Program that you are accepted to take: \_\_\_\_\_  
\_\_\_\_\_

If you have received any scholarships/bursaries, please outline the name and amount:

\_\_\_\_\_  
\_\_\_\_\_

Please list all of your curricular activities (i.e., sports, school activities, volunteer work, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

The successful applicant will be notified in writing immediately following the decision of the Education Committee of NBCNHU CUPE. Proof of registration by the successful applicant must be submitted to the Secretary-Treasurer of the New Brunswick Council of Nursing Home Unions in order to receive this bursary.

**Applications must be received by the Recording Secretary of the New Brunswick Council of Nursing Home Unions no later than February 1<sup>st</sup> :**

**Sharon Teare  
340 Lowell Street  
Saint John, N.B, E2M-2H5**