

Applicant Information:

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.

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Address of Applicant's	i areni oi duai			
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Memher's Local Numb			() Stepdaughter	() Partner
Status of Applicant:				
Date of Birth:	//_			
Telephone Number (P	rimary):			
Name:				



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Application Form (continued)

ncome of Applicant:
Fuition:
Name and Location of school that you plan to attend:
Name of Course/Program that you are accepted to take:
f 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

Applications must be received by the Recording Secretary of the New Brunswick Council of Nursing Home Unions no later than Feb 1st, 2024

Secretary-Treasurer of the New Brunswick Council of Nursing Home Unions in order to receive this

Recording Secretary Tammy Nadeau 21 Sunset Drive Quispamsis N.B, E2E 4S3 tammydenis.nadeau@gmail.com

bursary.