

## NBCNHU Solidarity Bursary Application

### NBCNHU Solidarity Bursary

The New Brunswick Council of Nursing Home Unions (NBCNHU), in partnership with Higgins Insurance, is proud to offer two annual bursaries, each valued at \$500. These bursaries are intended to support individuals pursuing post-secondary education who are connected to the union community.

### Eligibility Criteria

Applicants must satisfy the following requirements:

- Be a member of NBCNHU, or the son, daughter, spouse, partner, stepson, stepdaughter, or ward of an active, retired, or deceased member.
- Be currently attending or about to enroll in any post-secondary institution.

Each applicant is required to submit a **500-word essay** on the topic: **“Unions in the Workplace.”**

### Bursary Selection Basis

The selection of bursary recipients will be based on the applicant’s financial needs and a 500-word essay in French and 1 English recipient.

### Applicant Information

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

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

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

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

Status of Applicant:

- |                                     |                                   |
|-------------------------------------|-----------------------------------|
| • <input type="checkbox"/> Member   | • <input type="checkbox"/> Son    |
| • <input type="checkbox"/> Daughter | • <input type="checkbox"/> Spouse |

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

### Union Membership Verification

The following section is to be completed by an Executive Member of the local union. This verification serves to confirm the applicant’s connection to CUPE Local, as required for eligibility for the NBCNHU Solidarity Bursary.

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

Date: \_\_\_\_\_

Signature Executive Member \_\_\_\_\_

## NBCNHU Solidarity Bursary Application (continued)

### Applicant Information and Academic Details

#### Tuition Information

Tuition:

Indicate the tuition amount required for your chosen program or course.

#### Educational Plans

Name and Location of School:

Name of Course/Program:

#### Scholarships and Bursaries

Received Scholarships/Bursaries:

List any scholarships or bursaries you have received, including the name and the amount awarded.

#### Applicant Signature

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Enter the date of application submission.

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

#### Notification and Proof of Registration

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

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

Jason Stonge VP-NBCNHU

[nbcnhu.csfsnb.vp@gmail.com](mailto:nbcnhu.csfsnb.vp@gmail.com)