

2009 CAW BURSARY APPLICATION

Applicants for the Union's GEORGE BROWN - MERL RODOCKER BURSARY AWARD are requested to fill out the following form and make sure it is delivered to either union office listed below before September 15, 2009. Please mark on your envelope - ATTENTION: BURSARY TRUSTEE.

For Manitoba/Saskatchewan
CAW
1376 Grant Ave. - 2nd Floor
Winnipeg, Manitoba R3M 3Y4

For B.C./Alberta
CAW
326 - 12th Street, - 2nd Floor
New Westminster, B.C. V3M 4H6

ELIGIBILITY

- a) Award to be open in competition to any student proceeding from Grade XII to a post secondary institute or to undergraduates in any year proceeding to a higher year.
- b) The student must be enrolled as a full-time student and carry a relatively full course load (60% minimum) (i.e. 9 credits).
- c) Recipient of award must be a CAW member in good standing or spouse, son, daughter or legal ward of CAW member in good standing, or spouse, son, daughter or legal ward of deceased or retired CAW or CAIMAW member in good standing at time of death or retirement, or spouse, son, daughter or legal ward of support staff worker employed by CAW.

Please type, print or write clearly.

1. NAME

_____ (First name) _____ (Middle Name/s) _____ (Last Name)

SOCIAL INSURANCE NUMBER

2. MAILING ADDRESS

_____ (No. and Street) _____ (City/Town) _____ (Prov.) _____ (P.Code) _____ (Phone)

3. PERMANENT ADDRESS Same as No. 2 or: _____

_____ (No. and Street) _____ (City/Town) _____ (Prov.) _____ (P.Code) _____ (Phone)

4. ARE YOU PRESENTLY A CAW MEMBER IN GOOD STANDING?

- Yes Give Local and/or workplace. _____
No If no please fill in No. 5 below.

5. NAME AND ADDRESS OF PARENT, GUARDIAN OR SPOUSE WHO IS A CAW MEMBER OR SUPPORT STAFF WORKER.

_____ (Name) _____ (Local and workplace)

_____ (No. and Street) _____ (City/Town) _____ (Prov.) _____ (P. Code) _____ (Phone)

6. WHERE HAVE YOU, OR DO YOU, PLAN TO REGISTER FOR THE 2008/2008 YEAR?

_____ (Institution) _____ (Year) _____ (Course)

7. WILL YOUR ATTENDANCE AT NO. 6 ABOVE REQUIRE YOU TO LEAVE YOUR FAMILY OR PERMANENT RESIDENCE?

Yes No

If yes give brief explanation.

8. ARE YOU PRESENTLY LIVING WITH:

(A) Parents/Guardian? (B) Spouse? (C) Other?

If (C) explain.

9. DOES YOUR ATTENDANCE AT NO. 6 ABOVE CREATE EXTRAORDINARY EXPENSES SUCH AS TRAVEL, MEDICAL, HEALTH AIDS, CHILDCARE, CLOTHING, BOOKS, INSTRUMENTS, TUITION FEES, ETC.?

If yes, please give brief explanation.

10. HAVE YOU GOT THE REQUIRED 65% GRADE POINT AVERAGE?

Yes No

If yes please attach copy of documents.

11. GIVE A BRIEF DESCRIPTION OF THE STUDIES YOU INTEND TO PURSUE AND HOW YOU INTEND TO APPLY THESE STUDIES TO YOUR FUTURE AND WHY YOU FEEL YOU SHOULD BE CONSIDERED FOR THIS BURSARY. (USE SEPARATE PAPER IF YOU WISH BUT PLEASE STAPLE TO APPLICATION FORM.)

12. I HEREBY DECLARE, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND COMPLETE.

Signature _____ Date _____
(Applicant)

Signature _____ Date _____
(Spouse/Parent/Guardian
named in No. 5 above unless
deceased, or explain below.)

