



# EDUCATION ASSISTANCE GRANT PROGRAM

(part-time attendance)

## RULES / REGULATIONS

To apply, you need:

**To be a continuous active member of Local 247 for the last 6 months prior to commencement of your course.** Membership status will be verified once the application is received. For members only – no dependants.

**Proof of actual registration in at least one course** (8 credits or less) at an accredited degree or diploma course program at a recognized university or community college in Canada. Please submit one of the following: (a) copy of class schedule (with Student & School name on schedule); (b) a receipt confirming tuition fees have been paid for a program with a start date in the current year (receipt must show Student & School name and list of classes); OR (c) a letter from the university or college confirming current part-time registration. Letters of admission or tuition invoices will not be accepted. Members who are registered for more than 8 credits do not qualify for this Education Grant.

**DEADLINE:** Complete applications (with supporting documentation) should be forwarded to the UFCW Local 247 Surrey Office (see address below) or emailed to [scholarships@ufcw247.com](mailto:scholarships@ufcw247.com). They must be received at the Union Office **no later than 5 pm of the last business day of September.**

UFCW LOCAL 247  
200 – 14936 32<sup>nd</sup> Avenue, Surrey BC V4P 3R5  
Tel: 1.800.667.2205

**NOTIFICATION:** All applications will be subject to review by the scholarship committee. Winners will be notified no later than the end of October. Applicants must be enrolled in an accredited institute as a **part-time student (8 credits or less)** in the same calendar year that the scholarship is awarded. Applicants who are enrolled for more than 8 credits will be disqualified.

# EDUCATION ASSISTANCE GRANTS PROGRAM

## PART 1: APPLICANT INFORMATION (please print)

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

Permanent Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employee #: \_\_\_\_\_

## PART 2: SCHOLASTIC INFORMATION (please print)

Last completed year of schooling: \_\_\_\_\_

Name of last school attended: \_\_\_\_\_

Post-secondary institution at which you have been accepted for the first year program:

\_\_\_\_\_

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

This application relates to the academic year (check off appropriate one) :  2019/2020  2020/2021

*I hereby certify that the above-information is correct.*

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

## OFFICE USE ONLY

Member since: \_\_\_\_\_ Employer: \_\_\_\_\_