

RULES / REGULATIONS

To apply, you need:

To be a continuous active member (or dependant*) of Local 247 for the last 6 months in the current academic year. Membership status will be verified once the application is received.

Proof of actual registration in at least nine (9) credits (3 courses) of post-secondary education in a 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; (b) a receipt confirming tuition fees have been paid for a program with a start date in the current year; OR (c) a letter from the university or college confirming current full-time registration. Letters of admission or tuition invoices will not be accepted.

DEADLINE: Complete applications (with supporting documentation for the current fall semester/term) should be forwarded to the UFCW Local 247 Surrey Office (see address below) or emailed to 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 32nd Avenue, Surrey BC V4P 3R5
Tel: 1.800.667.2205

NOTIFICATION: All applicants will be subject to review by the scholarship committee. Applicants will be notified of the results of the application no later than the end of October. Applicants must be enrolled in an accredited institute as a full-time student in the same calendar year that the scholarship is awarded. Applicants who are full-time students are only eligible for the scholarship program.

***DEPENDANT** is defined as – a person who is your natural or adopted child, stepchild, foster child or child of a common-law spouse who is dependent on your for support. If the person is over 21 years of age, they must be in full-time attendance at an accredited institute or enrolling in that institute during the current application period.

SCHOLARSHIPS PROGRAM

PART 1: APPLICANT INFORMATION (please print)

Name: _____ Email: _____

Permanent Home Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____

UFCW 247 member's info below:

Name: _____

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 program:

Field of study: _____

This application relates to the academic year: _____ (month/year) to _____ (month/year)

I hereby certify that the above-information is correct.

Signature of Applicant: _____ Date signed: _____

OFFICE USE ONLY

Member since: _____ Employer: _____

President/Secretary-Treasurer Signature: _____