

UFCW LOCAL 247
GEORGE JOHNSTON AND HUGO TIMS, STACI CARICH AND JIM SMITH
MEMORIAL SCHOLARSHIPS

APPLICATION

To apply, you need:

- (1) **Proof of actual registration in at least nine credits (3 courses) of the first year of post-secondary education in a degree or diploma course program at a recognized university or community college. Please submit one of the following: (a) a copy of a class schedule, (b) a tuition fee receipt, OR (c) a letter from the university or college confirming current full-time registration.**
- (2) **To be and have been a member in good standing of the UFCW Local 247 for a period of six months, OR proof that a parent is and has been a member in good standing of Local 247 for a period of six months. Once we receive your application, we will check membership status and ask an officer of the Local Union to sign below.**

Applications complete with supporting materials for the current fall semester should be forwarded to the UFCW Local 247 Head Office by September 30th

UNITED FOOD AND COMMERCIAL WORKERS UNION, LOCAL 247
200 - 14936 32nd Avenue
Surrey, BC V4P 3R5

PART 1: APPLICANT INFORMATION (Please Print)

Name _____

PERMANENT HOME ADDRESS:

Street, Apt. or Box _____

City _____ Province _____

Postal Code _____

Telephone: () _____

If Applicant is NOT a Member of UFCW Local 247, please supply Name of Parent (must be UFCW Local 247 Member)

FOR OFFICE USE ONLY

PART 2: UFCW LOCAL UNION MEMBERSHIP INFORMATION

TO BE COMPLETED BY LOCAL UNION PRESIDENT OR SECRETARY-TREASURER

Member Since (Date) _____

Card Number _____

Employer _____

As a Signing Officer of this Local Union, I hereby certify that the above information is correct.

SIGNATURE: _____
President or Secretary-Treasurer

PART 3: SCHOLASTIC INFORMATION

My last completed year of schooling was 20 _____. Name of school last attended _____

I have been accepted into the first year programme at the following post-secondary institution:

This is my first year of full-time attendance at a post-secondary educational institution.

My field of study will be _____

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

I enclose _____
as evidence that I have registered in the above programme at this institution.

I hereby certify that the above information is correct.

_____ Date of Application

_____ Signature of Applicant