



EDDY EDUCATION GRANT PROGRAM

(for part-time enrollment, members only)

RULES / REGULATIONS

To apply, you need:

To be a continuous active member of Local 247 for the last 6 months prior to the commencement of your course and maintain active membership at the time of the award, if selected as a winner of the education grant. Membership status will be verified once the application is reviewed. This application is for members only – no dependants.

Proof of actual registration in at least three (3) credits (1 course) and **no more** than 8 credits at an accredited degree or diploma course program from 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. They must be received at the Union Office **no later than September 30.**

UFCW LOCAL 247
200 – 14936 32nd 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 remain active members and 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.

EDDY EDUCATION GRANT APPLICATION

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) : ☐ 2024/2025 ☐ 2025/2026

I hereby certify that the above-information is correct.

Signature of Applicant: _____ Date signed: _____

OFFICE USE ONLY

Member since: _____ Employer: _____