

2015 UFCW CANADA

BDM Scholarships



For UFCW members and
their families

\$18,000

Worth of scholarships to be Won!

Apply Online!

www.ufcw.ca/scholarships

 **UFCW**
your VOICE at work
CANADA
www.ufcw.ca

Every applicant
you refer gets you
another chance to
WIN an IPAD

Eligibility Requirements

UFCW Canada's National Council proudly awards the \$1,000 UFCW Canada-BDM Scholarships to 18 UFCW Canada members every year. Applicants can apply online or by completing this application form. Applications must be mailed to the UFCW Canada National Office, Attn: UFCW Canada-BDM Scholarships: 300-61 International Blvd. Toronto ON M9W 6K4.

Applicants must be:

- a UFCW Canada member in good standing or;
- the spouse or child of a UFCW Canada member in good standing and;
- enrolled full-time at a Canadian university, college or other recognized post-secondary institution.

You can apply for the UFCW Canada-BDM Scholarships each year of full-time enrollment; however, you can only receive the award once. The National Council distributes the award as follows: Atlantic Provinces: two scholarships, Quebec: five scholarships, Ontario: six scholarships, Western Provinces: five scholarships.

UFCW Canada may publish the names and photos of successful applicants and winners will be required to provide proof of enrolment. For more information or to apply online for the UFCW Canada-BDM Scholarships, please visit www.ufcw.ca/scholarships.

UFCW CANADA-BDM SCHOLARSHIPS - OFFICIAL APPLICATION FORM

Please complete all sections carefully. Incomplete or inaccurate application forms are subject to disqualification.

MEMBER INFORMATION: Check off 'one' of the following two boxes and complete the required information.

The applicant (student) is a member of **UFCW Canada Local** _____ and is employed at _____ (workplace/location)

The applicant (student) is **NOT** a member of a UFCW Canada, but is the *(please circle one)* **DEPENDANT / SPOUSE** of a UFCW Canada member. Please provide the following information:

Member's First Name: _____ Last Name: _____

Member is employed at: _____ (workplace/location)

Member of **UFCW Canada Local:** _____ (Local union recorded must be accurate or application may not be processed)

APPLICANT (STUDENT) INFORMATION:

First Name: _____ Last Name: _____

Permanent Address: _____ City: _____

Prov: _____ Postal Code: _____ Phone: _____ Cell: _____

Email: _____

Enrolled at: _____
Name of Canadian post-secondary institution

Name of program: _____ Year of program: _____

All information submitted herewith is true and complete and confirms that I have never been a recipient of this scholarship in the past.

DEADLINE FOR APPLICATIONS: SEPTEMBER 30, 2015