



Bev Smale Scholarship Fund

APPLICATION FORM

**Please fill in all relevant information and return to:
CUPE Ontario Division, c/o Fred Hahn, Secretary-Treasurer,
305 Milner Avenue, Suite 801, Scarborough, ON M1B 3V4**

Name: _____

Mailing Address: _____

Telephone: _____ Fax: _____ Email: _____

I identify as: Aboriginal / First Nations Lesbian/Gay/Bisexual/Trans/Intersex/Queer
Racialised worker Persons with disability Woman Young Worker (under 30)

Local Number: _____ **Work Status:** Full-time Part-time
Is your Local currently affiliated to CUPE Ontario? YES NO

of Members in Local: Under 50 Up to 100 Up to 500 Over 1000

Sector: Health Care School Board University
Municipal Social Services Airline
Other Please indicate area of work _____

Job Title: _____

Do you hold a position in your Local: YES NO
If yes please indicate _____ **For how long?** _____

Have you ever attended a CUPE educational workshop before? YES NO
Have you ever applied for a CUPE scholarship before? YES NO

If yes, indicate which one and if you were awarded an amount and in what year:

Are you able to access time off from work? YES NO

Do you require child care or elder care? YES NO

Do you have accommodation needs to ensure your full participation at the CUPE school?
YES Please indicate _____ NO

What type of scholarship do you want to access? 2 day 4 day 5 day
Dave Saunders Weeklong Summer School

Courses of interest: _____

What do you hope to gain by taking this course and how will you apply it at home, work and in your community?

NOTE:
Applications will be retained until December 31st of the year they were submitted.

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FOR COMMITTEE USE ONLY

<input type="checkbox"/>	Accommodation Need _____
<input type="checkbox"/>	Child Care/Elder Care _____
<input type="checkbox"/>	Type of Scholarship _____
<input type="checkbox"/>	Type of Workshop _____
<input type="checkbox"/>	Geographic Issue _____