

BEV SMALE EDUCATION SCHOLARSHIP APPLICATION

Education scholarships are offered to members from Locals affiliated to the CUPE Ontario and are in good standing as members. The purpose of the scholarship is to support members pursuing and furthering education and training to strengthen their local and the union overall. All applications will be awarded using an equality lens that seeks to grant scholarships to those members who identify as from any of the five equality groups, that include,; women, racialized and First Nations workers, young workers, workers with a disability, queer and transgender members. Priority consideration is given to members from small locals and to those members from Northern Ontario.

Name: _____

Personal mailing Address: _____

Work telephone: _____ **Home:** _____ **Email:** _____

Local Number: _____ **Work Status:** Full-time Part-time

Is your Local currently affiliated to CUPE Ontario? YES NO UNSURE

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

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

Please indicate which sector you work in: _____

Please indicate area of work: _____

Job Title: _____

Do you hold a position in your Local?
If yes please indicate _____ **For how long?** _____

Have you ever attended a CUPE educational workshop before?
If yes please indicate workshop(s) attended: _____

Have you ever applied for a CUPE scholarship before, if so when? _____

Please indicate if you were awarded a scholarship, the amount and year: _____

Are you able to access time off from work to attend the CUPE School? _____

Do you require child or elder care in order to attend, if yes for how many dependents? _____

Do you have accessibility needs to ensure your full participation at the CUPE school? _____

If yes, please indicate requirements: _____

What type of scholarship do you want to access? 2 day 4 day 5 day

What course do you wish to attend? _____

What is your second pick if this course is full? _____

Are you applying for the Dave Saunders Weeklong Summer School what is your course of interest:

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

All applications will be retained until December 31st of the year they were submitted and considered.
Please fill in all relevant information and return to: CUPE Ontario Division, c/o Education Committee
80 Commerce Valley Dr. E. Suite 1, Markham, Ontario L3T 0B2
Fax: 905-739-9740 or email info@cupe.on.ca

