

Consideration for Application

1. Please include an original 500-word essay, on the topic "Women in Unions." If referencing anything, please select a citing style (APA, MLA, Chicago), provide a bibliography or a reference list.
2. Please describe your involvement in school and/or community activities:

3. Please attach copy of your transcript of marks.

The information provided in my application for educational scholarship is true and complete.

Date: _____ Signature: _____

**Forward completed application before
October 1st , 2023 via mail:**

Application to Include:

- ☐ *Completed application form*
- ☐ *500-word essay*
- ☐ *Proof of post-secondary registration*
- ☐ *Copy of transcript of marks*

Scholarship Committee

CUPE Local 8443

Saskatoon Public Schools

#1007-201 21st St. E.

Saskatoon, SK S7K 0B8

Or email to:

scholarshipchair@CUPE8443.com



CUPE Local 8443 Scholarships Information

INFORMATION AND DEADLINE

CUPE Local 8443 members work in a wide range of jobs and at many locations. We are the support workers for Saskatoon Public Schools.

CUPE Local 8443 recognizes the value, of and need, for post-secondary education for students. CUPE Local 8443 hopes these scholarships will promote unionism among members and the general public.

Applications must be completed and returned to the CUPE Local 8443 Scholarship Committee before October 1st, 2023

SCHOLARSHIP FORMAT

Two individual \$1000 scholarships are awarded to any Saskatoon Public Schools' student, with the criteria that the scholarship must be used to attend a trade or technical school only.

Four individual \$1000 scholarships awarded to any child or grandchild of a current CUPE 8443 member, to attend any post-secondary institution.

Two individual \$1000 scholarships awarded to any current CUPE 8443 member to improve their education in a full-time capacity at a post-secondary institution.



Scholarship Application

Please indicate which scholarship you are applying for (one per application):

☐ SPSPD Student for trade school

☐ CUPE Child or Grandchild

☐ CUPE member

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____ Email: _____

High School: _____ Date of Birth: _____

IF APPLICABLE - Name, address, and phone number of CUPE Local 8443 member who qualifies you to apply for this scholarship:

Name: _____

Relationship: _____

Work Site Location: _____ Phone: _____

Program of Study: _____

Name of Institution: _____

Program of Choice: _____

Length of Program: _____

Please attach proof of post-secondary registration with this application. Applicant can reapply in subsequent years but must submit a new essay with each application.

