

# UFCW 649 Scholarship Application Form

Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Home Phone \_\_\_\_\_

Postal Code \_\_\_\_\_

Work Phone \_\_\_\_\_

Name of Union Member \_\_\_\_\_

Department \_\_\_\_\_

Location \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

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Post Secondary Institute Attending \_\_\_\_\_

Diploma or Degree Sought \_\_\_\_\_

Length of Course \_\_\_\_\_

Year Attending \_\_\_\_\_ of \_\_\_\_\_ (ex. Year 2 of 3)

***Please attach a transcript of marks attained from the previous year of education.***

***Please attach a copy of proof of acceptance and/or enrollment.***

In the space provided, please list any extra activities / community involvement you may have undertaken. For example, Community Clubs, Volunteer Organizations, Student Government, Sports Club, etc. Please list positions held and recognition / awards received.

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**Signature of Applicant** \_\_\_\_\_

**Signature of UFCW Member** \_\_\_\_\_

*Please ensure Application is filled out neatly and correctly.*

*Please include enrollment information as well as marks transcript.*

*Deadline for applications is September 30, 2026*

*Please email completed applications to: [secretary-treasurer@ufcw649.ca](mailto:secretary-treasurer@ufcw649.ca)*

<p style="text-align: center;"><b>FOR COMMITTEE USE ONLY</b></p> <p><i>Date Application Received</i> _____</p> <p><i>Committee Member Signature</i> _____</p> <p><i>Committee Members: Curt Miller, Tammy Gust, Tina Keats-Gould</i></p>
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