



CUPE 1169
SOLIDARITY.DIVERSITY.INCLUSIVENESS

Rh'ena Oake Scholarship Application Form

Applicant Information (*member, spouse of a member or dependant of a member less than 26 years of age*):

Members Full Name: _____

Applicants Full Name (if not a member): _____

Permanent Home Address: _____

Telephone #'s Home: _____ **Cell:** _____

Scholastic Information:

Enrolled at (accredited university or college): _____

For the scholastic year: _____

In making this application, I am enclosing copies of supporting documentation to prove enrolment. I further declare and confirm that the information submitted is true and complete.

Signature of Applicant:

Date:

Submit application:

electronically to president@cupe1169.ca

CUPE Local 1169 assumes no responsibility for applications or supporting documentation that may become lost, misdirected, or otherwise not received by the deadline. It is the applicant's sole responsibility to ensure that the application is submitted correctly, legibly and in a timely manner.

In making this submission the successful applicant agrees to having their essay published in the official publications and/or website of CUPE Local 1169.

**All enquiries pertaining to this scholarship program and its administration, rules, regulations, application and supporting documentation must be directed to the above email address.*