

APPLICANT'S INFORMATION:

Unifor National Union & Regional Council

Members in good standing, children of members in good standing, or children of members who died while in good standing, are eligible to apply for a scholarship. Please certify that this applicant is eligible to apply for this scholarship.

APPLICAN'TS NAME:		
(SURN		(GIVEN NAME)
E-MAIL ADDRESS:		
HOME/CELL PHONE NUMBER:		
PARENT/GUARDIAN/MEMB	BER'S INFORMATION:	
UNIFOR LOCAL UNION:	WORKPLACE:	
If you are applying as the chil parent's/guardian's name:	d of a member, please	provide your
NAME OF PARENT/GUARDIAN:		
LOCAL UNION OFFICER'S CO (President, Financial Secretary, Reco		
I certify that the above applicant is	s eligible to apply for this	scholarship.
Local Union Position held:	President Recording Secretary Unit Chairperson	Financial Secretary Trustee
NAME – PLEASE PRINT		LOCAL UNION NUMBER
SIGNATURE		 DATE