



Local 933 –Municipal Inside Workers

Anthony Mazzocca

President

Cheryl MacDonald

Vice President

Raylene Fasciani

Secretary-Treasurer

Bill MacDonald

Recording Secretary

CUPE Local 933 Bursary Application Form:

CUPE Local 933 is proud to offer two annual bursaries, each valued at five hundred dollars (\$500.00). These bursaries will be awarded to eligible applicants who are attending a post-secondary institution full-time during the September 2024 to June 2025 term.

Eligible applicants include:

- CUPE Local 933 members
- Spouses of members
- Sons and daughters of members
- Stepdaughters and stepsons of members
- Grandsons and granddaughters of members
- Wards of members

The two awards will be chosen by a draw held at the **September 2024** General Membership Meeting.

All individuals applying for these awards must complete the designated application form provided below and submit it to the Recording-Secretary of CUPE Local 933 NO LATER THAN **September 20, 2024**, for the **2024/2025** draw.

Any forms received after the date will not be considered.

Applicants are only eligible to win one award per year.

The successful applicants will be notified by the selection committee of Local 933.

APPLICATION FORM:

Full Name of Applicant: _____ Date of Birth (mm/dd/yyyy): _____

Address of Applicant: _____

Postal Code: _____ Telephone: _____ Email Address: _____

Status of Applicant: a) Member ___ b) Son ___ c) Daughter ___ d) Spouse ___
 e) Stepson / Stepdaughter ___ f) Grandson / Daughter ___ g) Ward ___

******Do not fill out this area if applicant is a member of CUPE Local 933.**

****Name of applicant's Parent/Guardian _____

****Address of applicant's Parent/Guardian _____

****Telephone number applicant's Parent/Guardian _____

Name of the School or institution currently Enrolled In: _____

State which institution of higher learning you are attending: _____

Proof of Enrollment (letter of enrollment from registrar's office) of the applicant **MUST** be submitted with this application. If proof is not supplied, application will be **VOID**.

State type of program enrolled in _____

Length of time to complete program _____

Program start date _____ Completion Date _____

Date _____ Signature _____

FAILURE TO COMPLETE ALL SECTIONS WILL RESULT IN YOUR APPLICATION BEING DISQUALIFIED.

This section of the application to be completed by President of CUPE Local 933.

I _____, President of CUPE Local 933 do solemnly declare that

_____ is a member in good standing of CUPE Local 933.

Date _____ Signature _____