CUPE Local 933 Bursary Application

CUPE Local 933 is proud to offer two annual bursaries, each valued at $500.00. These bursaries will be awarded to eligible applicants who are attending a post-secondary institution full-time during the September 2025 to June 2026 academic term.

Eligibility

Applicants must be one of the following:

- A CUPE Local 933 member
- A spouse of a member
- A son or daughter of a member
- A stepdaughter or stepson of a member
- A grandson or granddaughter of a member
- A ward of a member
- A son or daughter of a CUPE Local 933 member who has passed away or was required to leave the union due to illness. This addition recognizes and supports families who have been part of our union community, even if circumstances prevented their parent from continuing their membership.

Selection Process

Two recipients will be selected by random draw at the General Membership Meeting on Tuesday, November 25, 2025.

Application Requirements

- Applicants must complete the official bursary application form.
- Submit the completed form to the Recording Secretary of CUPE Local 933.
- Deadline for submission: Friday, November 21, 2025.
- Late applications will not be considered.
- Applicants may receive only one award per year.
- Successful applicants will be notified by the CUPE Local 933 Selection Committee.

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Applicant Information

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

Address: _____

Postal Code:_____Telephone:_____Email Address:_____

Status of Applicant: a) Member___ b) Son___ c) Daughter___ d) Spouse___

e) Stepson / Stepdaughter___ f) Grandson / Daughter ___ g) Ward___

Parent/Guardian Information *(if applicant is not a CUPE Local 933 member)*

Name of Parent/Guardian: _____

Address of Parent/Guardian: _____

Telephone number of Parent/Guardian: _____

Educational Information

Name of School/Institution Currently Enrolled In: _____

Institution of Higher Learning Attending: _____

Type of program enrolled in: _____

Length of Program: _____

Program Start Date: _____ Expected Completion Date: _____

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**.

Date_____Signature_____

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

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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 _____