



BURSARY APPLICATION FORM

Section A- TO BE COMPLETED BY STUDENT

Name:(please print)	
Number and Street:	
City	Postal Code
Province:	
Phone#	
Student ID #	
Name of School, University, College, Training Center, ect. Address	
Phone Number ()	
Signing Authority:	
Course enrolled in	

Section B – TO BE COMPLETED BY CUPE 1750 MEMBER

Name: (please print)	
Number and Street:	
City	Postal Code
Province	
Phone Number:	
Office Location:	Phone Number ()
Years of Service:	
Title of Position :	
Employee #	
I hereby declare that to the best of my knowledge and belief, the information given above is true and complete:	
Date:	Signature of Student
Date:	Signature of CUPE 1750 Member