

SECONDARY SCHOOL SCHOLARSHIP

CUPE Local 520 has set up an Education Fund offering a scholarship of \$1400.00 to a secondary school student in Alberta.

The conditions of this scholarship are:

1. The scholarship would be awarded to members, or sons and daughters of members, of Local 520.
2. The recipient of the scholarship must be prepared to show that his/her level of education is sufficient to allow admission to an approved institution of higher education such as university, technological institute, teachers college, nursing school, etc. People who have already completed some post secondary studies are eligible for this award.
3. The student must complete an application from which may be obtained from the office of the Executive of Local 520 or at Cupe 520 website www.520.cupe.ca
4. The application form, to be submitted no later than August 31, 2019, must be accompanied by an essay, of approximately 1000 words dealing with one of the following topics:
 - a) Why is the North American Free Trade Agreement a bad deal for Canadian Workers?
 - b) What benefits, initially won by unionized workers through Collective Bargaining, are now largely available to all working people?
 - c) What makes employees in a non-union workplace want to form a union?
 - d) How do unions use Collective Bargaining to solve problems?
 - e) What is political action and why dose it benefit union members?
5. Essays may be typed, double-spaced, on 8 ½" X 11" paper.
6. The selection and judging will be done by Alberta's CUPE Education Representative or designate.
7. Proof of acceptance at an institution of higher education will be required before an award is given.
8. The awarding of the scholarship will be based on the following principals:
 - a) The academic record and all – around achievement of the student, attested to by the principal. (Attach letter of recommendation from principal to the application form).
 - b) The 1000 word essay; and
 - c) Proof of acceptance in an institution of higher education.

APPLICATION FORM – SECONDARY SCHOOL SCHOLARSHIP

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ PHONE NO. _____

NAME OF PARENT OR GUARDIAN: _____

ADDRESS: _____

SCHOOL ATTENDING: _____

RECORD: _____ % OR STANDING

GRADE: _____

GRADE: _____

RECOMMENDATION OF TEACHER OR PRINCIPAL (ATTACH LETTER IF MORE SPACE IS NEEDED)

SIGNATURE: _____

PLANS FOR FURTHER EDUCATION (USE SEPARATE SHEET IF NEEDED)

APPLICATION TO BE RETURNED NO LATER THAN AUGUST 31ST, 2019
ACCOMPANIED BY YOUR 1000 WORD ESSAY (ESSAY WILL NOT BE
RETURNED)

DATE SUBMITTED: _____

SIGNATURE OF APPLICANT