

PROVINCIAL SCHOLARSHIP

**CUPE LOCAL 873 & 873-02
MORRIS EBANKS MEMORIAL SCHOLARSHIP**

APPLICATION FORM

PLEASE PRINT

Surname Given Names

Address Phone

Email Alt/Phone

Date of Birth

Intended School or Institute City

Field of Study to be Pursued Union Member's Name

Father/Mother or Guardian's Name CUPE Affiliation Name & No.

Name of Secondary School Attended Address of School

City

REQUIRED WITH THIS APPLICATION: (DEADLINE – JULY 15, 2017)

Transcript of Secondary School Marks

- 1. Letter of Reference from Principal, Teacher or Counselor**
- 2. Letter of Acceptance**
- 4. Covering Letter**

Signature of Applicant

Date