

**2019 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, 2019)**

**Transcript of Secondary School Marks**

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

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**