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| **AUPE Local 12 Scholarship Application for Local 012 Dependants 2023** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION A: To be completed by the Local 012 member | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Member’s Name | | | | | | | | Last | |  | | | | | | | First | | | | |  | | | Initial | |  |
| Date of Birth | |  | | | | | | | AUPE Membership # | | | | | | |  | | | | | | | Chapter # | | |  | |
| Address | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| City/Town | | |  | | | | | | Province | | | | | | |  | | | | Postal Code | | | | | |  | |
| Home Phone | | | | | | | |  | | | | | | | Work Phone | | | | | | | |  | | | | |
| Email Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Date you became an AUPE member | | | | | | | |  | | | | | | Date you became a Local 012 member | | | | | | | | |  | | | | |
| Occupation/Employer | | | |  | | | | | | | | | | | Work Location | | | | | | | |  | | | | |
| Spouse’s Name (Surname, given) | | | | | | | |  | | | | | | Spouse’s Occupation | | | | | | | | |  | | | | |
| Is your spouse a member of AUPE? | | | | |  | | | | | | | | | | | Is your spouse a Local 012 member? | | | | | | |  | | | | |
| Your dependents age(s) as of September 30, 2023. | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Member’s Union Involvement:** Have you ever served on your Chapter Executive, Local Council, or an AUPE Committee? Have you ever attended Convention as a Delegate? If so, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Students’ relationship to the Local 012 Member: Spouse □ Dependant Child □ Other (Please Specify) □ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION B: To be completed by the student applying for the Scholarship | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student’s Name (surname, given) | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Date of birth | | | | | | | |  | | | | | | | | | | | SIN | | | | |  | | | |
| Marital Status | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| City/ Town |  | | | | | | | | | | | Province | | | | | | | | | | | |  | | | |
| Postal Code |  | | | | | | | | | | | Home Phone # | | | | | | | | | | | |  | | | |
| Email Address |  | | | | | | | | | | | Cell Phone # | | | | | | | | | | | |  | | | |
| Educational Institution | | | | | |  | | | | | | Student Number (if available) | | | | | | | | | | | |  | | | |
| Registrar’s Office Phone # | | | | | |  | | | | | | Name of Program | | | | | | | | |  | | | | | | |
| Period of study for the program you are/will be enrolled in: From | | | | | | | | | | | | | | | | | | To | | | | | | | | | |
| Which year of the program are you entering? | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Do you currently hold any degree or diplomas? | | | | | | | | | | |  | | | | | If yes, provide details | | | | | | | |  | | | |
| Will you be living at home while attending school? | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Have you received a Local 012 Scholarship in the past? | | | | | | | | | | | | | |  | | If yes, provide dates. | | | | | | | |  | | | |
| Have you ever been a dues paying member of AUPE? | | | | | | |  | | | | | If yes, provide details | | | | | | | | | | | |  | | | |
| Have you ever been involved with a Union? | | | | | | | | | | |  | | | | | If yes provide details below. | | | | | | | | | | | |
| **Union Involvement Details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **AUPE Local 12 Scholarship Application for Local 012 Dependants 2023** | |
| SECTION C: To be completed by both the student and the Local 012 member | |
| **Declaration** | |
| **I/We certify the above information to be true and complete.**  **I/We understand that misrepresentation constitutes fraud which is punishable under the Canadian Criminal Code.** | |
| Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Local 012 Member/Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Note: The Mailed Copy of this application must be signed. | |
| **IMPORTANT NOTES** | |
| * No application will be accepted without the completed essay and the signature of the student and the Local 012 member/ parent. * One copy of the application and essay must be sent by regular posted mail and **postmarked** by September 30, 2023, and * One copy of the application and the essay must be sent by email by September 30, 2023. * Ensure that your name appears on your essay. * Ensure that your essay is complete and is attached to this application. The essay question is found in section D below. * An incomplete application form will result in a loss of points. | |
| SECTION D: To be completed by the student | |
| * Using 11-point type, the typewritten essay should be 1000 words minimum (letter-sized). * Ensure that your name is clearly written at the top of the page. * Submit the essay digitally in a separate attachment from the application form but in the same email if possible. * Applications containing plagiarized essays will be automatically rejected. * No applications will be accepted without a completed essay. * All essays submitted will become the property of AUPE Local 012. * Top selected Essays maybe posted on the Local 012 website. | |
| **ESSAY QUESTION** | |
| **What are fare remote work options and should they be protected in collective agreements?** | |
| **Email** one completed copy of this application form ***and*** your essay by September 30, 2023. to:  **Catherine\_Taylor@shaw.ca**  Also mail one completed copy of this application form ***and*** your essay postmarked by September 30, 2023 to: Catherine Taylor, Local 012 Education Committee Chair  1036 Rutherford Place SW  Edmonton, Alberta,  T6W 1J5 Page 2 of 2 | |