

FULL-TIME STUDENTS

ALBERTA UNION OF PROVINCIAL EMPLOYEES EDUCATION ASSISTANCE



AUPE maintains a Members' Education Assistance Fund, which is the responsibility of the Education sub-committee of the Members' Benefits Committee. The sub-committee determines the amount of bursary money (for Type 1) that will be awarded each year based on the interest generated by the capital in the fund.

Criteria:

- Applications will be accepted after **May 12, 2025** and must be received at AUPE Edmonton HQ by **4:00 pm on Tuesday, July 15, 2025**.
- **Incomplete applications will be disqualified.**
- Program of study – identify program, length of program.
- Confirmation of acceptance with class schedule **MUST be attached**. (If not available submit application by deadline without class schedule).
- Must be attending **full-time studies** as defined by Institution.
- Must be enrolled for academic year September to August following application deadline.
- 1st time applicants may be given preference.

Notes:

- Application forms are available on the AUPE website.
- The Essays are sent to independent adjudicator(s) for grading.
- Social Insurance Number must be provided (for tax purposes).
- All applicants will be advised in writing of the results.
- Please **DO NOT phone** AUPE to request the sub-committee's decision on your Scholarship/Bursary application.
- AUPE will not provide funds for any expenses related to this program other than tuition.

DEADLINE FOR APPLICATION: July 15, 2025

The completed application will **only** be accepted from **May 12 to July 15, 2025** each year for studies commencing after the submission deadline. **Please email applications and attachments to scholarships@aupe.org or fax to 780-930-3344.**

Eligibility: Members of AUPE **with two consecutive years service as of the application deadline date** are eligible, and/or their spouse, and/or their financial dependents; and/or dependents of retired or deceased members for a period of one year. Eligible dependents must be 25 and under as of the application deadline date. Consideration will be made for a past member who enrolls full-time in an educational institution within the first year of job elimination.

This bursary is awarded based on financial need, available for full-time post secondary Education.

Note: Inactive members (applicant and/or parent of applicant) must provide an explanation. (eg. leave of absence, casual etc.)

TYPE 1: FULL-TIME BURSARY

Administered through the Members' Benefits Education Sub-Committee

Bursary Amount: \$1,000

Applicants applying as a dependent of an AUPE member, **MUST** provide **ALL** financial information of **applicant, member** and **spouse/partner** in Section 5 of application.

Note: In cases of divorce/separation both households must submit financial information.

Priority will be given to students who have NOT received the Bursary award previously.

TYPE 2: SCHOLARSHIP

A: Post Secondary This scholarship was set up at the 2004 Annual AUPE Convention to raise awareness of privatization of public services.

B: High school In February 2017, the Provincial Executive upon request from the Members' Benefits Committee approved a second scholarship for \$2,000. The Committee felt that it was needed to balance competition between high school and post-secondary students.

A: Two (2) \$2,000 Brent Gawne Memorial Scholarships

B: Two (2) \$2,000 Mary Kehoe Memorial Scholarships

Essay Topic: Please see page 2 of this form

Essay Format: Your essay must be submitted in formal format (i.e. title page, footnotes, citations, double spaced, and a complete bibliography as evidence of the research you have compiled).

Attach confirmation identifying full-time study, including class schedule.

Applicant must sign consent for essay to be published on AUPE's website or publications.

All essays are reviewed by an independent adjudicator.

2025 Brent Gawne Memorial Scholarships Essay: Assignment: Provincial Budgets Have Consequences

Public sector workers who belong to the Alberta Union of Provincial Employees are likely the union members most affected by decisions of the provincial government. This becomes particularly evident with every new Session of the Legislature, when the Provincial Treasurer rises to table a Budget to guide government spending during the upcoming year.

The budget released by Provincial Treasurer Nate Horner on February 27, 2025 is more than a set of figures. It is a planning document which reveals how the UCP government plans to deploy its resources to lead the province through the 2025-26 fiscal year. You are asked to research the budget and any related documents to predict how the spending decisions it contains could affect the AUPE membership, as well as the welfare of all Albertans. In a well-constructed essay of approximately 2,000 words, identify (i) which members of AUPE are most likely to be most affected and how, and (ii) relate these to the functions and services provided by the government to the citizens of Alberta that are most likely to be affected?

As with all assignments, your essay will be judged on style, clarity, evidence of research (footnotes, etc.), how well you support or substantiate your choices and positions, and whether you respond to all parts of this question. However, given the nature of this year's assignment, the adjudicator will be asked to assign more than the usual weight to evidence of research on your part. Very little credit will be given to broad generalizations, personal opinions and rhetoric.

2025 Mary Kehoe Memorial Scholarships Essay Assignment: Occupational Health & Safety Committees

The report of the Commission on Occupational Health & Safety that Chairman Frederick Gale released in 1975 made it clear that mandatory joint worksite committees were key to the effectiveness of any occupational health & safety program. In spite of this, the Occupational Health and Safety Act (SA 1976, c 40) passed by the Conservative government the following year stalled and watered down this recommendation. Instead of making joint worksite committees mandatory for all worksites of a certain size, as was the case in other Canadian jurisdictions, it left it up to the Alberta Cabinet to designate committees for only a few worksites. The Alberta Union of Provincial Employees responded to this shortcoming by hiring Alberta's first full-time health & safety director to organize the Union's own programs in the various sections of the membership.

You are asked to conduct research and report on the state of affairs today as it relates to joint worksite occupational health & safety committees in the General Service as well as some of the other sections of AUPE's membership. Be sure to begin your report by outlining the major aim of these committees as they relate to the vision that the Gale Commission advanced, before providing concrete evidence to show the extent to which this vision is being put into practice today.

As with all assignments, your essay will be judged on style, clarity, evidence of research (footnotes, etc.), how well you support or substantiate your choices and positions, and whether you respond to all parts of this question. However, given the nature of this year's assignment, the adjudicator will be asked to assign more than the usual weight to evidence of research on your part. Very little credit will be given to broad generalizations, personal opinions and rhetoric.

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PLEASE PRINT: An incomplete form will be disqualified. All sections MUST BE completed and signed by student/member. Please use blue or black ink only.

1	Please indicate which bursary/scholarship you are applying for		If you qualify, you may apply for both Type 1 and Type 2 on the same application form.
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> TYPE 1: AUPE Bursary (number to be determined by committee) </div> <div style="width: 45%;"> <input type="checkbox"/> TYPE 2: \$2,000 Brent Gawne Memorial Scholarship or \$2,000 Mary Kehoe Memorial Scholarship (Essay and word count for essay must be attached) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Post Secondary Student <input type="checkbox"/> High School Student </div>		

2 PERSONAL DATA	Applicant's Surname		Given Name and Initials		Social Insurance No.		Date of Birth (DD/MM/YYYY)	
	Address				City/Town		Postal Code	
	Cell Phone No.		Home Phone No.		Email		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law	
	Name of Spouse/Partner		Spouse/Partner's Occupation		No. of Dependents All Dependent(s) Age(s)			
	Are you an AUPE Member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Or the Dependent of a Member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to Member <input type="checkbox"/> FT <input type="checkbox"/> Casual <input type="checkbox"/> PT <input type="checkbox"/> FTE		Have you received an AUPE Education Bursary before? <input type="checkbox"/> Yes <input type="checkbox"/> No Year(s)	
	Will you be relocating from the above city/town? <input type="checkbox"/> Yes <input type="checkbox"/> No				Will you receive any other educational funding? <input type="checkbox"/> Yes <input type="checkbox"/> No (ie. Bursaries, Employer Tuition Supported, Scholarship, RESP) Amount			

In accordance with CRA regulations, assistance provided to applicant (in excess of \$500) is deemed a taxable benefit and AUPE is required to issue a T4a.

If the applicant is an AUPE member, complete the following

3	Occupation		<input type="checkbox"/> FT <input type="checkbox"/> Casual <input type="checkbox"/> PT <input type="checkbox"/> FTE		Employer		
	Location			AUPE Member No.		Local/Chapter	
	No. of Dependents			All Dependent(s) Age(s)			
Date of Membership (DD/MM/YYYY)							

If the applicant is a DEPENDENT of an AUPE member, the following is to be completed by the MEMBER

3a MEMBERSHIP HISTORY	Member's Surname		Given Name and Initials		AUPE Member No.		Local/Chapter	
	Address				City/Town		Postal Code	
	Business Phone No.		Home Phone No.		Occupation		<input type="checkbox"/> FT <input type="checkbox"/> Casual <input type="checkbox"/> PT <input type="checkbox"/> FTE	
	Employer		Location		No. of Dependents (including applicant)		All Dependent(s) Age(s) (including applicant)	
	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law				Name of Spouse/Partner			
	Spouse/Partner's Occupation <i>Please describe employment</i>						<input type="checkbox"/> FT <input type="checkbox"/> Casual <input type="checkbox"/> PT <input type="checkbox"/> FTE	

4 APPLICANT'S EDUCATION	Period of study for which assistance is being requested:		From:		To:	
	Institution				*Program and Length of Program	
	Location		No. of Years Completed of Current Program		Student ID No.	
	Post Secondary Education Achieved				Dates	

***Attach confirmation of acceptance including class schedule**

Application No. (office use only)

Income for Applicant, Member and Spouse (NOTE: In cases of Divorce/Separation both households must submit financial information.)

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FINANCIAL INFORMATION

APPLICANT	Applicant	Spouse/Partner	Total
Net income from previous year's income tax return	\$	\$	\$
Estimate of income for this tax year	\$	\$	\$
All Other income (explain)	\$	\$	\$

PARENTS OF DEPENDENT APPLICANT	Member	Spouse/Partner	Total
Net income from previous year's income tax return	\$	\$	\$
Estimate of income for this tax year	\$	\$	\$
All Other income (explain)	\$	\$	\$

DIVORCED/SEPARATED PARENTS OF DEPENDENT APPLICANT	Member	Spouse/Partner	Total
Net income from previous year's income tax return	\$	\$	\$
Estimate of income for this tax year	\$	\$	\$
All Other income (explain)	\$	\$	\$

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Tell us about yourself

MEAF_05_2025

CHECKLIST (Note: If any of the noted items are missing your application may NOT be considered.)

- ☐ Use the current year's AUPE application form
- ☐ Section 6 completed
- ☐ Attach copy of full-time acceptance
- ☐ Attach copy of class schedule
- ☐ If applicable, Type 2 - Essay (in acceptable essay format with word count attached)
- ☐ Signature of applicant and member
- ☐ Submit your completed application with supporting documents no later than 4:00 pm on July 15, 2025

I/We certify the above information to be true and complete.

Signature of Applicant	<input type="text"/>	Applicant's essay publication consent	<input type="text"/>
Signature of Member/Parent	<input type="text"/>	Date	<input type="text"/>

Attention: Members' Education Assistance Program
Fax : 780-930-3344 • email: scholarships@aupe.org

Applications will be accepted
from May 12 to July 15, 2025

Disclaimer for Collection, Use and disclosure of Personal Information: Personal Information may be collected, used and/or disclosed during any or all steps of the review process for the sole purpose of reviewing your application. AUPE will not use any personal information which has been collected for any other purpose than that associated with fulfilling our responsibilities as the Education Sub-Committee of the Members' Benefits Committee, nor disclose it to any party outside the committee without your expressed written consent, unless required by law.