



# CUPE Local 70 Scholarship Application Form

Name of applicant

Name of CUPE 70 member / employee number

Relationship to the above listed:

Self

Child

Spouse/Partner

Grandchild

Legal Dependant

Mailing address (Include Postal Code)

Email and phone number

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*Use your electronic signature or print and then sign and date.

Name of the University, College or Program

Course Outline