



CONFEDERATION OF CANADIAN UNIONS
CONFÉDÉRATION DES SYNDICATS CANADIENS

BURSARY APPLICATION

EMPLOYEE'S NAME: _____

ADDRESS: _____

TELEPHONE #: _____

E-MAIL ADDRESS: _____

UNION'S NAME: _____

DEPENDENT'S NAME APPLYING FOR THE BURSARY:

UNIVERSITY OR COLLEGE ATTENDING: _____

PROGRAM ENROLLED IN: _____

SIGNATURE: _____

DATE SUBMITTED: _____

DEADLINE DATE FOR APPLYING FOR THE CCU BURSARY IS SEPTEMBER 30 OF EACH YEAR.