



**PRINCE EDWARD ISLAND  
UNION OF PUBLIC SECTOR EMPLOYEES  
2017 BURSARY APPLICATION FORM**

**SECTION A: PERSONAL INFORMATION**

**1. Enter your full name:**

\_\_\_\_\_  
Surname

\_\_\_\_\_  
Given name(s)  
(underline one most commonly used)

**2. Date of birth:** Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

**3. (a) Permanent Address:**

\_\_\_\_\_  
Street Name and Number

\_\_\_\_\_  
City and Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Phone Number

**(b) Address while attending post-secondary institution:**

\_\_\_\_\_  
Street Name and Number

\_\_\_\_\_  
City and Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Phone Number

**4. Name and address of educational institution you are attending:**

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
City and Province (State or Country)

(2017)

5. Indicate name of degree/diploma/certificate program:

\_\_\_\_\_

6. Indicate specialty/major:

\_\_\_\_\_

7. Presently in \_\_\_\_\_ year of a \_\_\_\_\_ year course of study.

8. Are you a full-time student? Yes: \_\_\_\_\_ No: \_\_\_\_\_

9. Record of Education:

<u>Level</u>	<u>Institution</u>	<u>Highest level completed</u>
High School	_____	_____
Post Secondary	_____	_____

**Note: Please enclose official transcript of marks from last year of high school or post-secondary institution. Failure to provide this information will void your application.**

10. Are you a member of the Prince Edward Island Union of Public Sector Employees?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ (if no, please list name and address of member below)

**Name and address of UPSE member:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

11. Position and Classification of PEI UPSE member: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

12. Employer: \_\_\_\_\_

Work Location: \_\_\_\_\_

(2017)

13. **Approximate length of time as a UPSE member:** \_\_\_\_\_ **UPSE Local:** \_\_\_\_\_

14. **List of UPSE activities in which member is (was) involved:**

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15. **Length of time involved in the above UPSE activities:** \_\_\_\_\_

16. **Annual gross income of UPSE member:** \_\_\_\_\_

17. **Annual gross income of UPSE member's spouse :** \_\_\_\_\_  
**(including common-law spouse)**

18. **Tuition paid during academic year:** \_\_\_\_\_

19. **Type of accommodation during the academic year:**

Parental residence: \_\_\_\_\_ Student residence: \_\_\_\_\_

Apartment rental: \_\_\_\_\_ Home rental: \_\_\_\_\_

20. **Please estimate additional yearly cost of accommodation of applicant :** \_\_\_\_\_

21. **Student loans (in dollar amount)**

Present year: \_\_\_\_\_

22. **Scholarships (in dollar amount)**

Present year: \_\_\_\_\_

23. **Bursaries (in dollar amount)**

Present year: \_\_\_\_\_

24. **Have you received a UPSE bursary before? Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

25. If yes, how many? \_\_\_\_\_ and when? \_\_\_\_\_

**SECTION B: VOLUNTEER/COMMUNITY INVOLVEMENT**

26. Please describe in detail how your community activities, on a voluntary basis, served others:

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**SECTION C: INFORMATION**

27. Date of application: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Signature: \_\_\_\_\_

**ANY UNSIGNED OR INCOMPLETE APPLICATIONS WILL BE CONSIDERED VOID**

**PLEASE NOTE:**

- ALL INFORMATION CONTAINED IN THIS APPLICATION WILL BE KEPT STRICTLY CONFIDENTIAL
- ALL QUESTIONS MUST BE ANSWERED OR THE APPLICATION WILL BE CONSIDERED VOID
- OFFICIAL TRANSCRIPTS ONLY (NO PHOTOCOPIES)
- SUPPLYING FALSE OR MISLEADING INFORMATION WILL RESULT IN IMMEDIATE DISQUALIFICATION OF YOUR APPLICATION

**Deadline for submission of application to the UPSE office is:**

**December 8, 2017 by 4:30 P.M.**

**Mail in a sealed envelope to: Attn: PR Committee 4 Enman Crescent Charlottetown, PE C1E 1E6  
or by fax to 902-569-8186**