



**PRINCE EDWARD ISLAND  
UNION OF PUBLIC SECTOR EMPLOYEES  
2024 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)

**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. Do you have a diagnosed learning disability? If so, please explain. (You will not be penalized if you choose not to answer this question)

\_\_\_\_\_

10. 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. Photocopy will NOT be accepted.**

11. 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: \_\_\_\_\_  
\_\_\_\_\_

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

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

13. Employer: \_\_\_\_\_

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

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

15. List of UPSE activities in which member is (was) involved:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

17. Annual gross income of UPSE member: \_\_\_\_\_

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

19. Tuition paid during academic year: \_\_\_\_\_

20. Type of accommodation during the academic year:

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

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

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

22. Student loans (in dollar amount)

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

23. Scholarships (in dollar amount)

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

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

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

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

**26. 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**

**28. 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:  
November 29, 2024 by 4:30pm

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