



THE CANADIAN NATIONAL FEDERATION OF INDEPENDENT UNIONS

MARY FERGUSON MEMORIAL SCHOLARSHIP

Proudly sponsored by Tripemco Burlington Insurance Group Limited

The Mary Ferguson Memorial Scholarship is open to all members, immediate family members and grandchildren of members of the Canadian National Federation of Independent Unions, who are attending or have been accepted to a full-time post-secondary institution in Canada in the study of Health Sciences or Services.

A one thousand dollar (\$1,000.00) scholarship will be awarded every year during the month of July.

A 500-1000 word essay describing “*personal examples of leadership and your reason for choosing the health care field of study*” shall be submitted for consideration by the Scholarship Selection Committee.

The essay, along with the scholarship application form, is to be forwarded to the Canadian National Federation of Independent Unions, to the attention of the Education Co-Ordinator at 36 Main St. N., P.O. Box 416 Campbellville, ON, L0P 1B0. ***Applications must be submitted by April 30th of each year.***

The scholarship recipient will be chosen by the Scholarship Selection Committee to be appointed by the Executive Board of the Canadian National Federation of Independent Unions.



THE CANADIAN NATIONAL FEDERATION OF INDEPENDENT UNIONS

Information must be filled out by applicant. Read all instructions carefully before completing. Please type or print clearly.

Personal Information	
Name _____	Male Female
Address _____	City Prov. Postal Code
Phone Number: _____ Date of Birth: Month _____ Day _____ Year _____	
Are you a union member? No Yes Local # _____ Since _____	
Union Affiliation	
Who in your family is a union member? Check all that apply.	
<input type="radio"/> Spouse <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Grandparent	
Name _____ Union _____ Local # _____ Member Since _____	
<input type="radio"/> Union Member's e-mail address: _____	
By June 20____, I will have completed: <input type="radio"/> High School <input type="radio"/> 1 st year College/University <input type="radio"/> 2 nd year College/University <input type="radio"/> 3 rd year College/University <input type="radio"/> 4 th year College/University	In the fall of 20____, I plan to attend: <input type="radio"/> College/University <input type="radio"/> Community College <input type="radio"/> Technical or Trade School Intended major: _____ Name of Institute: _____

Eligibility

1. Union members, spouses, dependent children and grandchildren.
2. One year continuous good standing union membership (satisfied by April 30, 20____).
3. Acceptance into an accredited college, university, community college, technical or trade school at the time of the award. **Graduate students are not eligible.**

4. Awards must be used for the school year for which it is awarded.
5. Applications must be received by April 30th to be considered.
 - Applicants wishing to receive confirmation of receipt of their application should provide an e-mail address.
 - The Scholarship recipient will be sent notification in July of the scholarship for the following September.

Union Membership Verification Form

This form must be completed by the applicant, verified by the union shop steward or local union representative, and submitted together with the application in order to qualify for the CNFIU Scholarship.

Name of Scholarship Applicant: _____
(Please type or print clearly)

Applicant's e-mail: _____

Union Member Verification:

I, _____ verify that I have been a member in good standing of
Name of Union Member

_____ Local # _____ since _____
Name of Union

Signature of Union Member

Date

Shop Steward or Local Union Representative Verification:

I verify that the above information is true and complete to the best of my knowledge.

Signature of Shop Steward or Local Union Representative

Date

Print Name of Shop Steward or Local Union Representative

Daytime Phone Number

Local Information:

Local President's Name

Daytime Phone Number

Name of Local Union

CNFIU Local #

Attention Shop Steward or Local Union Representative:

This form is a required part of the CNFIU Scholarship application package. Please complete it promptly and return it to the applicant for submission. **Applications without this completed form will not be considered.**

Please forward completed application packages to:

*The Canadian National Federation of Independent Unions Scholarship
36 Main St. N., P.O. Box 416
Campbellville, Ontario L0P 1B0*

Questions should be directed to:

*Al Godin, CNFIU Education Co-Ordinator
1-800-638-9438*

I hereby authorize CNFIU to:

- Submit my application and all supporting information to the Scholarship Selection Committee.
- Use my name or picture in order to promote this award within CNFIU and the Labour Community in the event that I am selected as the scholarship recipient.

SIGNATURE

DATE

ALL APPLICATIONS MUST HAVE ORIGINAL SIGNATURES

(faxed copies/photocopies/electronic copies will not be accepted)

THE SCHOLARSHIP RECIPIENT WILL BE CONTACTED DURING THE MONTH OF JULY AND HAVE FUNDS FORWARDED TO THEM PRIOR TO SEPTEMBER.

IMPORTANT INFORMATION

When submitting your application, include a 500-1000 word essay and your signed union verification form. Applications without this information will not be considered.

Applications and attachments must be received at the Canadian National Federation of Independent Unions office in a single package no later than April 30th. Please note that no extensions will be given. Late or incomplete applications will not be considered by the Selection Committee.

CERTIFICATION

I, the undersigned, certify that all of the information I have included in and with my application is true. I understand that if I am selected for an award, I may be required to submit further proof of my union membership or my relationship to a union member and of my acceptance to or enrollment in an accredited college, university, community college, technical or trade school. Further, I understand that official verification may be required of my attained grades. I agree that if I am selected for an award, my name, photograph, and/or essay may be used for publicity purposes with no additional compensation by the sponsors of this scholarship program. I also certify that I have read and understand the above information.

SIGNATURE

DATE

Check List:

Have you.....

- Completed Membership Verification Form
- Completed your application
- Included a 500-1000 word essay explaining “personal examples of leadership and your reason for choosing the healthcare field of study.”
- Signed the information release clause (above)