



## NBU SCHOLARSHIP AWARD

VALUE: \$500  
NUMBER AWARDED: NINE

### ELIGIBILITY:

The applicant must be a dependent child of a member in good standing of NBUPPE prior to application.

### CONDITIONS:

- Applicant must be attending an Institute for Post-Secondary or Post-Graduate Studies (full-time enrolment).
- Awarded on the basis of academic standing and financial need.
- Scholarship will only be awarded once to any individual. Scholastic achievement will be based on previous year's marks or last five courses completed, whichever is applicable.
- Application for Scholarship must be received by the Union Office postmarked on or before **September 30<sup>th</sup> of each year. This date will be strictly adhered to. Late applications will not be considered.**
- The Scholarship will not be awarded to a candidate unless evidence is made available of the candidate's full-time attendance at a University or Institute.
- All questions on the application form must be completed.
- If evidence is found that the questions were answered falsely, the application will be considered void.
- **Additional considerations:** Additional consideration is given to those from marginalized groups. Examples of such groups include indigenous, physically disabled, mentally challenged, and person with learning disabilities. Members are encouraged to self-identify and provide evidence such as tax returns.



**APPLICATION FOR NBU SCHOLARSHIP  
AWARDED TO DEPENDENT CHILDREN OF NBU MEMBERS**

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**INFORMATION PERTAINING TO APPLICANT**

Name of Applicant: \_\_\_\_\_  
(Last Name) (First Name)

Address: \_\_\_\_\_  
(Street and Number) (City or Town) (Postal Code)

Date of Birth: \_\_\_\_\_ Telephone Numbers: \_\_\_\_\_  
(Day/Month/Year) (Home) (Work)

Have you received the NBUPPE scholarship previously? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Considerations: (see conditions pg.1) \_\_\_\_\_

What is your (anticipated) field of study? \_\_\_\_\_

What Institution will you be attending? \_\_\_\_\_

**ESTIMATED EXPENSES:**

Tuition and student fees per year: \_\_\_\_\_

Rent (annual): \_\_\_\_\_

**TOTAL EXPENSES:** \_\_\_\_\_

Are you receiving any other scholarship or bursary for this term? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, give details: From whom? \_\_\_\_\_ Amount: \_\_\_\_\_

**INFORMATION PERTAINING TO RELATED NBUPPE MEMBER**

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

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

NBUPPE Job  
Bargaining Unit: \_\_\_\_\_ Classification: \_\_\_\_\_ Step: \_\_\_\_\_

Member Contributing Partner Gross  
Gross Annual Income: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Applicant's Gross Annual Income: \_\_\_\_\_

Total Gross Income : \_\_\_\_\_

Number of Dependents including applicant (list ages):  
\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION PERTAINING TO ACADEMIC ACHIEVMENT:**

Grade Average of **LAST YEAR COMPLETED**: \_\_\_\_\_ per cent \_\_\_\_\_ Grade

Certified by Registrar: \_\_\_\_\_ Registrar's  
Signature: \_\_\_\_\_ Stamp \_\_\_\_\_

**NOTE: FAILURE TO SUPPLY ALL INFORMATION WILL RESULT IN YOUR APPLICATION BEING REJECTED.**

**REQUIREMENTS CHECK LIST: Please check off as you include.**

- The applicant must have an academic standing of **75% \*** or better.
- The applicant must submit certification of academic achievement with the application form.
- The applicant must **attach copies of T4 slips or CRA notice of assessment for entire household income.** Verification of all sources of income must accompany application.
- The applicant must attach a copy of **Proof of Registration** into the Post-Secondary Institution indicated on the application form. (i.e. Receipt of paid tuition or letter from Registrar's office)

*\*Additional consideration for those with identified learning challenges.*

**\*\*ALL requirements must be met, otherwise application will be rejected.**

**NOTE: PLEASE ATTACH T4 SLIPS OR CRA NOTICE OF ASSESSMENT OF ENTIRE HOUSEHOLD. VERIFICATION OF ALL SOURCES OF INCOME MUST ACCOMPANY APPLICATION. ALL REQUIRED DOCUMENTS MUST BE ATTACHED; OTHERWISE THE APPLICATION WILL BE REJECTED.**

*I certify that the foregoing statements are complete to the best of my knowledge and hereby give authorization to NBUPPE to verify any information given on this application.*

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of NBUPPE Member: \_\_\_\_\_



MAIL COMPLETED APPLICATION FORM TO:

**NBU SCHOLARSHIP COMMITTEE**  
217 Brunswick Street  
Fredericton, NB  
E3B 1G8