SEIU Healthcare Scholarship Application

1. The DEADLINE for scholarship application is Friday, May 23, 2014. No faxes accepted.
2. Refer to criteria below for eligibility requirements.
3. Refer to application process below for a list of the supporting documents needed.
4. Please print legibly. If this form is incomplete, inaccurate or not signed, it will not be considered. You may also download a copy of the application at www.seiuhealthcare.ca
5. All applicants will be notified of the final decision, and winners will have the awards forwarded to their university or college.

PURPOSE:

To provide scholarships to four members or their children to attend an accredited university or college of their choice.

AWARD COMPONENTS:

Four (4) $1,800 scholarships - $600 for each year of study for three (3) years – awarded to four students selected by a committee of university admission officers and educators.

CRITERIA:

- Applicant must be an SEIU Healthcare member, or the child of an SEIU Healthcare member.
- Member must be in good standing for three continuous years as of December 1, 2013.
- Applicant must graduate from high school in June 2014, or have not completed more than one (1) year of study at a university or college as of June 2014.
- Applicant must attend an accredited undergraduate university or college in the Fall of 2014.

Please provide the following:

- Scholarship application.
- Most recent official high school transcript with cumulative grade point average. If this is not available, please submit a letter of explanation.
- Proof of university/college acceptance or current student enrolment form with student number.
- A letter of recommendation from a high school teacher, guidance counselor, principal or vice-principal.

Please MAIL completed application form along with other required information to:

SEIU Healthcare Scholarship Program
125 Mural Street
Richmond Hill, Ontario
L4B 1M4

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Please **print** legibly.		
1.	Applicant's Last Name:	First Name:
2.	Mailing Address: Street _____ City: Province: Postal Code:	
3.	Daytime Telephone Number: ( )	
4.	Date of Birth: Month Day Year	
5.	Social Insurance Number:	
6.	Current High School (or High School graduated from):	Number of years attended:
7.	SEIU Member's name:	Relationship to the applicant:
8.	SEIU Member is employed by:	
9.	I am a senior in high school and expect to graduate in _____(month/year) **OR** I graduated from high school in _____(month/year) and have not completed more than one year of university/college.	
10.	I am planning to attend the following university/college/institution in the Fall of 2014:	
11.	What specialty / major do you plan to major in as you continue your education?	

12.	List your academic honors and awards received (PLEASE be specific): Honors: Awards:
13.	List your community service activities, hobbies, outside interests, and extracurricular activities (PLEASE be specific): Community service activities: Extracurricular activities: Hobbies:

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I hereby understand that if chosen as a scholarship winner, the scholarship fund shall only be used for education related expenses.

Signature of SEIU Healthcare Member: _____

Signature of scholarship applicant: _____
(*all applicants under 18 must have the permission of their parent(s)/guardian(s)*)

Date: