



SCHOLARSHIP APPLICATION FORM

--- PLEASE PRINT CLEARLY ---

Check the appropriate box:

I am: A MEMBER of SEIU-West A CHILD of an SEIU-West member

Applicant Information:

Full Name of Applicant: _____

Mailing Address _____

City/Town: _____

Postal Code: _____

Daytime phone number: _____

Cell phone number: _____

Email Address: _____

SEIU-West Member Name: _____
 (if applying for Children's scholarship)

SEIU-West Unit/Workplace: _____

Education Information

Course/class attended: _____
(proof or registration required with application)

Cost of class/books: _____
(receipts must be attached)

Name of University, College, Tech or Vocational post secondary school:

Date the class/program/course began: DD ____ MM ____ YYYY ____

If you have received an **SEIU-West** Scholarship in the past, please tell us in which year.
(Sorry, previous winners of SEIU-West scholarships within the past 3 years will not be considered.)

