YUKON EMPLOYEES' UNION BURSARY APPLICATION

APPLICANT PERSONAL INFORMATION *(Please Print)*

Applicant Name: _____ _____
First Last

Address: _____ _____ _____
Street City Prov/Territory

Telephone: _____ Email: _____

☐ *Please check this box if you self-identify as a member of a PSAC equity group and wish to be considered for any bursaries which may be provided by PSAC's Regional Equity Committees*.

UNION MEMBERSHIP INFORMATION:

☐ I am a member of the Yukon Employees' Union

☐ I am the dependent of a member of the Yukon Employees' Union

Applicant's relationship to YEU Member: _____

YEU Member's Name: _____ Years as YEU member: _____

YEU Member's PSAC ID#: _____ Local: _____

Years as Member of other Union: _____ Specify Union: _____

SCHOOL INFORMATION:

Which Post-Secondary Institution will you be attending?

Name of Institution: _____

Address of Institution: _____

Name of Program or Course of Study:

_____

Please complete this form and submit it to Yukon Employees' Union with all other Applicant Requirements as listed in the Bursary Guidelines document. Incomplete applications will not be considered by the Bursary Committee. **Submission deadline is September 30.**