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CUPE Local 1978

HSPBA Bill 29 Education Fund Application for CUPE Local 1978 Health Members

If you require more space, attach a separate sheet.

Date Submitted to CUPE Local 1978: _____

CONTACT INFORMATION:

Name: _____

Worksite: _____

Are you a CUPE Member? ____ Yes ____ No

Are you a member of another union(s)? If so, which? _____

Job title/discipline: _____

Home Address: _____

City: _____

Postal Code: _____

Work Telephone: _____

Home Telephone: _____

Email: _____

COURSE/PROGAM INFORMATION:

Course/Program: _____

Educational Institute/Program Sponsor: _____

Course/Program Start Date: _____

Course/Program Completion Date: _____

(Attach a course/program outline and/or a brochure or calendar, describing the course, times, credits, etc.)

Indicate (estimated or actual) expenses for tuition/course fees and books for a period of one year:

Tuition/Course Fees: _____ Books: _____

Applicants must submit proof of enrolment/registration and payment of expenses prior to receiving funding. Travel and other associated expenses will not be reimbursed.