

Name

Address			
Telephone Number	Email address		
	T IS THE CHILD, GRANDCHILD, NIECI		
	UNION MEMBER INFO	ORMATION	
Name	Local Name & Numb	er	Telephone Number
Relationship of Appl	icant to Union member:		
GRANDCHILD INIECE NEPHEW SPOUSE/PARTNER			
	ill be attending in 2025: P, university, or technical/vocat	ional institute	
Telephone number			
Enclosed please fi	nd: (please submit all docume	entation in Wor	d or PDF format)
1. Proof of attendance at post-secondary institution Or Letter of acceptance from post-secondary institution (proof of attendance will be required before scholarship money is paid)			
2.	Essay of up to 1,000 words <u>or</u> Video, audio or multi-media		up to 5 minutes in length

Signature of the applicant

Date

PLEASE SEND APPLICATION BY EMAIL: info@cwacanada.ca

For further information call: 613-820-9777