

APPLICATION FORM

Dependents of GSU Members Age 25 and Under



DEPENDANT SCHOLARSHIP APPLICATION FORM - AGE 25 and UNDER

PERSONAL INFORMATION - DEPENDANT Name of Scholarship Applicant/Student ______ Address _____ Postal Code _____ Email _____ Telephone ______ Birth date _____ **GSU MEMBER INFORMATION - PARENT OR GUARDIAN** Name of Parent/Guardian who is a GSU member ______ Union Local _____ Place of Employment Job Title Years of Service GSU membership card: Member has a signed card on file Please send a membership card to sign ACADEMIC DATA High School(s) attended Extra-curricular and community activities What university, college, technical institute, trade school or other public training institution are you registered to attend?_____ What course are you registered to take? Length of course

Send your completed scholarship application form, letter of recommendation, essay, and proof of admission to:

Scholarship Committee - Grain and General Services Union 2334 McIntyre Street, Regina, SK S4P 2S2 OR fax 306.565.3430 OR email gsu.regina@sasktel.net

Deadline for receipt of applications is May 30, 2014