



APPLICATION FORM

Dependants 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 29, 2015