



**THE EDMONTON CIVIC EMPLOYEES CHARITABLE ASSISTANCE FUND
SCHOLARSHIP APPLICATION**

1st Term

FOR OFFICE USE ONLY:

FIRST TERM APPLICATION (Please Print Neatly)

Application Date (yyyy/mm/dd)

FILE NO.:		APPROVAL DATE:	
DATE RECEIVED:		PAYMENT DATE:	

APPLICANT INFORMATION:

Name (First, Middle, Last)	Phone Number	Social Insurance Number
Address	City / Province / Postal Code	
Birth Date (yyyy/mm/dd)	Relationship to Employee	Age at Start of First Semester

PARENT'S INFORMATION:

Name (First, Last)	Home Phone Number	Business Phone Number
Employer	Union / Association / Payroll Number	Active / Retired / Deceased (Circle One)
Full Name of Second Parent Contributor to the Fund (if applicable) / Employer	Union / Association / Payroll Number	

EDUCATION INFORMATION:

Last High School Attended	Post Secondary School Confirmed/Accepted To	Faculty
Address of Post Secondary School	Tuition Fee ONLY (One Semester/Term) \$	Student Registration Number
	Term Start Date (yyyy/mm/dd)	Term End (yyyy/mm/dd)

ITEMS TO ATTACH TO THIS APPLICATION: (please ensure all areas are completed and all requested forms are attached to avoid any delay in processing)

<input type="checkbox"/> * Copy of your Birth Certificate or a Government Issued Identification Card (**)	<input type="checkbox"/> * Copy of High School Transcript	<input type="checkbox"/> * Copy of the Acceptance Letter from the Post Secondary school that you have applied to
<small>* Applications will only be accepted by students who are 25 years of age or younger.</small>	<small>**To obtain high school transcripts contact: Alberta Education at (780) 427-5732</small>	

STATEMENT OF CONDITIONS FOR APPROVAL OF TWO TERM SCHOLARSHIP PROGRAM APPLICATION:

This application will be accepted provided the following conditions are met:

++ Your parent(s) is an active, retired, or deceased employee.	++ You are accepted by the school you have applied to attend as a full-time student.
++ Your parent(s) is a member of one of the unions/associations: CEMA (including EPCOR and Telus), EFFU Local 209, CUPE Local 30, CEP 829, UNA Local 196, ATU 569, IBEW 1007, Senior Police Officers Association, AMNUA - Capital Health/Community Health.	
++ Your parent(s) has been contributing to the Charitable Fund for 12 consecutive months prior to the school entrance date.	++ Your age must not exceed 25 in the year that you are applying for the first scholarship term.

GUIDELINES FOR SCHOLARSHIP PROGRAM:

The scholarship program will be available for **two consecutive terms** which must be **completed within a twelve month calendar period**. A Term is defined as a block of time or unit of education normally consisting of a four month period commonly referred to as a semester or trimester. Full-time status is defined as no less than three courses in a term.

The **FIRST** and **SECOND TERM** scholarship application forms must be received **no later than 30 days prior to the beginning of the term**. Late and incomplete applications will be returned to the applicant. Late applications will only be processed after the completion of the semester with proof of attendance.

Each contributing ECECAF member will be entitled to receive scholarships for their eligible dependents.

Scholarships for **APPRENTICESHIP PROGRAMS** will be approved for the actual tuition amount, to a maximum of \$1,000 per semester. Proof of payment of actual tuition fees is required.

Scholarship funds do not provide complete financial assistance. Current year scholarship amount is \$1,000 per semester.

Under CRA rules, all scholarships are taxable as income to the recipient, and as such, are subject to federal and provincial taxes. T4A's will be issued at the start of the calendar year from this Fund or education institution.

This fund will pay tuition directly to the institution you will be attending; you may be required to pay advance deposits or fees. You will be reimbursed by the institution after this Fund remits tuition fees. Please contact the school registrar one month after the entrance date if you are entitled to a refund and it has not been received.

You will receive a confirmation letter upon receipt of this application.

Signature of Applicant **	Signature of Parent
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Send Complete Application To:
Fund Administrator; Edmonton Civic Employees Charitable Assistance Fund; P.O. Box 3604; Station Main; Sherwood Park, AB; T8H 2T4

**By signing this form, I agree that the information provided on this form is complete and accurate. I understand that the information provided by me to The Edmonton Civic Employees Charitable Assistance Fund (ECECAF) about myself and my parents, will be used by ECECAF to approve and process my request for a scholarship.



**THE EDMONTON CIVIC EMPLOYEES CHARITABLE ASSISTANCE FUND
SCHOLARSHIP APPLICATION**

2nd Term

FOR OFFICE USE ONLY:

FILE NO.:

APPROVAL DATE:

DATE RECEIVED:

PAYMENT DATE:

Application Date (yyyy/mm/dd)

SECOND TERM APPLICATION (Print Neatly)

APPLICANT INFORMATION:

Name (First, Middle, Last)		Phone Number	Social Insurance Number
Address		City / Province / Postal Code	
Birth Date (yyyy/mm/dd)	Relationship to Employee		Age at Start of First Semester

PARENT'S INFORMATION:

Name (First, Last)		Home Phone Number	Business Phone Number
Employer	Union / Association / Payroll Number		Active / Retired / Deceased (Circle One)
Full Name of Second Parent Contributor to the Fund (if applicable) / Employer		Union / Association / Payroll Number	

EDUCATION INFORMATION:

Last Post Secondary School Attended	Post Secondary School Confirmed/Accepted To	Faculty
Address of Post Secondary School	Tuition Fee ONLY (One Semester/Term) \$	Student Registration Number
	Term Start Date (yyyy/mm/dd)	Term End (yyyy/mm/dd)

ITEMS TO ATTACH TO THIS APPLICATION: (please ensure all areas are completed and all requested forms are attached to avoid any delay in processing)

* Confirmation of enrolment into the second term (letter, feed paid, etc.)

STATEMENT OF CONDITIONS FOR APPROVAL OF TWO TERM SCHOLARSHIP PROGRAM APPLICATION:

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++ Your parent(s) is a member of one of the unions/associations: CEMA (including EPCOR and Telus), EFFU Local 209, CUPE Local 30, CEP 829, UNA Local 196, ATU 569, IBEW 1007, Senior Police Officers Association, AMNUA - Capital Health/Community Health.	
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Signature of Applicant **	Signature of Parent
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