

YUKON EMPLOYEES' UNION BURSARY APPLICATION



APPLICANT PERSONAL INFORMATION *(Please Print)*

Applicant Name: _____
First Last

Address: _____
Street City Prov/Territory

Telephone: _____ Email: _____

☐ Please check this box if you self-identify as a member of a PSAC equity group and wish to be considered for any bursaries which may be provided by PSAC's Regional Equity Committees.

UNION MEMBERSHIP INFORMATION:

☐ I am a member of the Yukon Employees' Union

☐ I am the dependent of a member of the Yukon Employees' Union

Applicant's relationship to YEU Member: _____

YEU Member's Name: _____ #Years as YEU member: _____

YEU Member's PSAC ID#: _____ Local: _____

Years as Member of other Union: _____ Specify Union: _____

SCHOOL INFORMATION:

Which Post-Secondary Institution will you be attending?

Name of Institution: _____

Address of Institution: _____

Name of Program or Course of Study:

Please complete this form and submit it to Yukon Employees' Union ***with all other Applicant Requirements as listed in the Bursary Guidelines document.***
Incomplete applications will not be considered by the Bursary Committee.
Submission deadline is September 30.