



## CUPE NOVA SCOTIA 2020 HIGGINS INSURANCE SCHOLARSHIP

Two \$1000.00 **CUPE Nova Scotia Higgins Insurance Scholarships** are awarded annually by CUPE Nova Scotia.

Individuals that meet the below eligibility and planning enrollment at an accredited post-secondary institution in the 2020-2021 academic year may make application for one of these scholarships.

### **Eligibility:**

Union members in good standing with a local union affiliated to CUPE Nova Scotia; *and or a* Son, daughter or legal ward of a member in good standing of a local union affiliated to CUPE Nova Scotia.

### **Awarding Criteria:**

Only applications that are completed in full and include a cover letter from the applicant outlining their ongoing volunteerism within their school, union and or community and reference letter will be considered. Consideration will be given to first time recipients.

Application must be complete and on the prescribed form and must be received by the CUPE Nova Scotia Awards Committee not later than **March 15, 2020**. Supporting documents must be provided with the form for the application to be considered.

**Decisions** of the CUPE Nova Scotia Awards Committee will be final. CUPE Nova Scotia assumes no responsibility for applications or supporting documents lost, misdirected, or otherwise not received by the deadline. It is the applicant's sole responsibility to ensure that the application is made correctly, legibly and received by the deadline date. **Late submissions will not be considered.**

**Confidentiality:** Member data is highly confidential and must be treated as such. Members of the Awards Committee confirm that they will always keep confidential the affairs of the membership. The names of the successful applicants may be published in official publications and/or web site of CUPE Nova Scotia and Higgins Insurance.

### **Applications must be directed to:**

CUPE Nova Scotia Awards Committee  
271 Brownlow Ave  
Dartmouth NS B3B 1W6  
Fax: 902-455-5915

### **All inquiries regarding the scholarship should be directed to:**

Dianne Frittenburg  
Awards Committee Chair  
Email: dfritt@icloud.com  
Phone: 902-521-7782



**CUPE NOVA SCOTIA  
2020 HIGGINS INSURANCE SCHOLARSHIP  
APPLICATION FORM**

**PART ONE: Information Pertaining to the Scholarship Applicant:**

1. Name of Applicant:

Last Name	First Name	Middle Initial
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2. Address:

Street and Number	City/Town	Province	Postal Code
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3. Telephone:

Home	Work	Cell
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4. Name of the Post-secondary institution you will be attending:

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5. What degree/diploma do you plan to attain?

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6. What academic year are you entering?  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

If other, please explain: \_\_\_\_\_

7. Include a cover letter and resume describing your involvement in unpaid volunteerism/social activism activities within your school and community, your length of service and time commitment.

8. Include a reference letter completed by an individual who is familiar with your volunteer or activism activities who is not a relative, include full contact information.

I certify that the foregoing statements and information is complete to the best of my knowledge and hereby give authorization to CUPE Nova Scotia to verify any information given on this application and permission to publish my name and picture in their newsletter and website/social media.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



**CUPE NOVA SCOTIA**  
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**PART TWO: Information Pertaining to the CUPE Nova Scotia Member: *please complete whether you as a member or your dependent is the applicant.***

1. Members Name:

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Last Name	First Name	Middle Initial
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2. Address:

\_\_\_\_\_

Street and Number	City/Town	Province	Postal Code
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3. Telephone:

\_\_\_\_\_

Home	Work	Cell
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4. CUPE Local Number:

\_\_\_\_\_

5. Sector and Classification:

\_\_\_\_\_

6. Relationship to Applicant:

\_\_\_\_\_

I certify that the foregoing statements and information is complete to the best of my knowledge and hereby give authorization to CUPE Nova Scotia to verify any information given on this application.

Signature of Applicant Parent: \_\_\_\_\_ Date: \_\_\_\_\_