2021 Application Form

For your application to be accepted, the following criteria are required:

1. A duly completed application form, i.e.: all relevant sections completed. You must include your PSAC identification number and your local union number.

AND

2. An essay with minimum 500 words, up to a maximum of 750 words, about one (1) of the topics selected from the list provided by UPCE below. The essay should be submitted in an appropriate format such as APA (American Psychological Association) or MLA (Modern Language Association) formatting styles.

Completed applications form and your essay must be submitted by email and received by the UPCE National office no later than August 31, 2021. They must be sent to Lyne Cabana at: cabanal@psac-afpc.com. An email confirmation of reception will be sent to the applicant by the UPCE National Office.

LIST OF TOPICS FOR THE ESSAY

Applicants to the UPCE Scholarship program must choose one (1) topic for the essay from the list below.

- Describe Reconciliation between Indigenous and non-Indigenous peoples in Canada, its impact, the labour movement's involvement and why it is a social issue.
- Describe the role the Labour Movement plays in your community.
- How do you think the Labor Movement will affect your future employment in the field of studies?

DEDCOMAL INFORMATION (Diago print)

| PERSONAL INFORMATION (Please print) | | | | | | |
|-------------------------------------|---------------|--------------|---------|--|--|--|
| Applicant's Name: | | | | | | |
| Last: | First: | | Middle: | | | |
| Address: | | | | | | |
| Number & Street: | ber & Street: | | City: | | | |
| Province/Territory: | | Postal Code: | | | | |
| Telephone: | Email: | | | | | |

MEMBERSHIP INFORMATION

Please complete Section A $\underline{\text{or}}$ Section B as it applies to the applicant.

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| Section A (√) If you are a UPCE mem | ber appl | ying ple | ease complete t | his portion | | |
|---|------------------|-------------------|------------------|-----------------------|--|--|
| | | <u> </u> | Local # | | | |
| | | | | | | |
| Section B | | | | | | |
| □ (√) If you are a child of a U | PCE me | mber ap | oplying please o | complete this portion | | |
| Parent Last Name: | Parent First Nam | | ame: | Parent Middle Name: | | |
| Parent's PSAC ID # | Pa | | Parent's Local | s Local # | | |
| Telephone (Work): | | Telephone (Home): | | | | |
| Parent's work location: | | Personal Email: | | | | |
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| Name and address of the post-secondary institution: | | | | | | |
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| Name of degree or diploma: | | | | | | |
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| | | | | | | |
| What year are you entering? Please mark one. | | | | | | |
| 1 st year 4 th year | _ | | | | | |
| 2 nd year 5 th year | | | | | | |
| 3 rd year other | | | | | | |