

SEIU Healthcare Scholarship Application

1. The DEADLINE for scholarship application is Friday, June 26, 2020.
2. Refer to criteria below for eligibility requirements.
3. Refer to application process below for a list of the supporting documents needed.
4. All applicants will be notified of the final decision, and winners will have the awards forwarded to their university or college.

PURPOSE:

To provide scholarships to four members or their children to attend an accredited university or college of their choice.

AWARD COMPONENTS:

Four (4) \$1,800 scholarships - \$600 for each year of study for three (3) years - awarded to four students selected by a committee of university admission officers and educators.

CRITERIA:

- Applicant must be an SEIU Healthcare member, or the child of an SEIU Healthcare member.
- Member must be in good standing for three continuous years as of December 31, 2019.
- Applicant must graduate from high school in June 2020, or have not completed more than one (1) year of study at a university or college as of June 2020.
- Applicant must attend an accredited undergraduate university or college in the Fall of 2020.

Please provide the following

- Scholarship application.
- Link to video submission on social media (either Twitter, Facebook or Instagram)
- Most recent official high school transcript with cumulative grade point average. *If this is not available, please submit a letter of explanation.*
- Proof of university/college acceptance or current student enrollment form with student number.

Please EMAIL completed application form, video and other required information to:

communications@seiuhealthcare.ca



SEIU Healthcare Scholarship Application

Please print legibly.			
1.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Applicant's Last Name:</td> <td style="width: 50%; padding: 5px;">First Name:</td> </tr> </table>	Applicant's Last Name:	First Name:
Applicant's Last Name:	First Name:		
2.	Mailing Address: Street _____ City: _____ Province: _____ Postal Code: _____		
3.	Daytime Telephone Number: () _____		
4.	Date of Birth: Month Day Year		
5.	Social Insurance Number:		
6.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">Current High School (or High School graduated from):</td> <td style="width: 30%; padding: 5px;">Number of years attended:</td> </tr> </table>	Current High School (or High School graduated from):	Number of years attended:
Current High School (or High School graduated from):	Number of years attended:		
7.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">SEIU Member's name:</td> <td style="width: 40%; padding: 5px;">Relationship to the applicant:</td> </tr> </table>	SEIU Member's name:	Relationship to the applicant:
SEIU Member's name:	Relationship to the applicant:		
8.	SEIU Member is employed by:		
9.	I am a senior in high school and expect to graduate in _____(month/year) OR I graduated from high school in _____(month/year) and have not completed more than one year of university/college.		
10.	I am planning to attend the following university/college/institution in the Fall of 2020:		
11.	What specialty / major do you plan to major in as you continue your education?		

12. List your academic honors and awards received (PLEASE be specific):

Honors:

Awards:

13. List your community service activities, hobbies, outside interests, and extracurricular activities (PLEASE be specific): Community service activities:

Extracurricular activities:

Hobbies:

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I hereby understand that if chosen as a scholarship winner, the scholarship fund shall only be used for education related expenses.

Signature of SEIU Healthcare Member: _____

Signature of scholarship applicant: _____
(all applicants under 18 must have the permission of their parent(s)/guardian(s))

Date: