



UNION *of* NATIONAL EMPLOYEES LAURIER AUGER BURSARY

APPLICATION FORM

Name of applicant: _____

Address: _____

Applicant's social insurance number: _____

Member's name: _____

Address: _____

Group and level: _____ Local: _____

Partner's name (if applicable): _____

Name of learning institute: _____

Name of course: _____

Length of course: _____

Course dates: _____ Tuition fee: _____

Are you receiving funding from another source to attend this course? Yes No

Estimate of the difference between the course's costs for the first year and the amount of revenue available

Submit to: Alisha Campbell
National President
Union of National Employees
150 Isabella Street, 9th Floor
Ottawa, ON K1S 1V7
E-mail: President@une-sen.org