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AI-generated content may be incorrect.

The Long-Term and Community Care Committee will be offering two scholarships valued at $250.00 each, available annually to honour our past member, Michael McNeil.

**Individuals** planning enrollment at an accredited community college or post-secondary institution in the upcoming academic year with a **start date in September** may apply. The successful applicant will be required to provide proof of registration.

**Eligibility** is based on **CUPE Members** who work either in a nursing home facility or a facility under the Department of Community Services.

**Basis of Awards** shall be the applicant’s financial need and current ongoing volunteerism/social activism in their community.

**Application** must be completed on the prescribed form and must be sent to [**cupensltcc@gmail.com**](mailto:cupensltcc@gmail.com)no later than **May 4th** with the subject line: **Michael McNeil Scholarship Application**. Supporting documents must be provided with the form in order for the application to be considered.

**Decisions** of the Long-Term and Community Care Executive will be final. The Long-Term Community Care Committee assumes no responsibility for applications or supporting documents that may become lost, misdirected, or otherwise not received by the deadline. It is the applicant’s sole responsibility to ensure that the application is prepared correctly, legibly, and on time. Late submissions will not be considered. Consideration will be given to first-time applicants.

**Confidentiality** of member data is important and must be treated as such. The Long-Term and Community Care Committee will confirm that they will, at all times, keep confidential the affairs of the membership. The names of the successful applicants will be announced at the annual conference.

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

Tammy Gorton, Local 4940

4 Sheridan Street

Dartmouth, NS B3A 2C6

902-449-2889

[avon.tammygorton@gmail.com](mailto:avon.tammygorton@gmail.com)

**Application Form: Part One**

1. Name of Applicant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle Initial

1. Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street and Number City/Town Province Postal Code

1. Telephone Number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Work Other

1. Post-Secondary Institution Attending:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What degree/diploma do you plan to attend:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How do you intend on financing your education? Check all applicable.

🞎 Student Financial Assistance 🞎 Family Support 🞎 Self 🞎 Other\*

*\*Other – scholarships, bursaries, grants, awards, or other funding arrangements.*

*Please indicate the amounts of each*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Include an outline of your involvement in unpaid volunteer activities by providing a typewritten resume and cover letter describing your volunteerism/social activism, the length of service and time commitment.
2. Include a reference letter completed by an individual who is familiar with your volunteer or activism activities with full contact information included but is not related.

I certify that the foregoing statements and information is complete to the best of my knowledge and hereby give authorization to the Long-Term Care Committee to verify any information given on this application.

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