



The Al Cerilli Manitoba Federation of Labour Scholarship

APPLICATION FORM

A \$500 scholarship presented by the MFL Young Member Committee to an applicant who is a member of an MFL affiliated union and the student to be used towards their continuing education or a post-secondary program, at a recognized institution.

Applicant Information

Name:

Date of Birth (must be 35 years of age or younger):

Address:

City:

Province:

Postal Code:

Telephone:

Email:

Union/Local:

Union Member Since:

Employer:

Store # (if applicable):

Department:

Date of Hire:

Scholarship Eligibility Criteria

I, as the student applying for this scholarship, am presently a member of a union in good standing affiliated with the Manitoba Federation of Labour. Yes (and initial)

I am participating in or will be participating in a continuing education or post-secondary educational program at a recognized institution. Yes (and initial)

I am under 35 years of age or younger. Yes (and initial)

I am applying for a scholarship to assist with costs related to the following academic year(s):

2011/2012 Academic Year (Fall 2011 – Spring 2012) _____

Other period of study: _____

Qualification Questions

(You may attach your answers on a separate sheet)

1. What does it mean to be a member of your local union?
 2. Why should you be selected to receive this scholarship?
 3. Are you active in your local union? If so, how long have you been active and how have you been active?
 4. What is your objective in completing this post secondary education program?
 5. How would this scholarship help you achieve your objective?
 6. Do you anticipate that you will be involved in the labour movement in the next ten years? If so, how do you envision yourself being involved?
 7. From your perspective, are unions relevant in the current society?
 8. Why are unions important?
 9. Who would recommend you to receive this scholarship (please name up to three individuals with their contact information)? Examples may include an officer of your local Union, your union representative, your manager or supervisor, a teacher or professor to name a few.
 10. Please provide any additional information that you think would be relevant to the application process.
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Scholastic Information

Place of Study (College, University or other recognized institution):

Address:

City/Province:

Postal Code:

Phone:

Diploma/Degree/Certificate in:

Full time/part time:

Program Length:

Date of Entry to Program:

Declaration

To complete your application, please read the following conditions and sign at the bottom acknowledging your agreement.

1. The MFL Young Members Committee will select the successful applicants. This decision is final and binding and will not be subject to appeal. The decision will be made based on the activism portrayed in the answers provided based on an objective rating scale.
2. If I have not already completed my Diploma/Degree/Certificate, I will make every attempt to do so.
3. I declare the information provided in this application is true.
4. I have signed, dated and included the MFL's Personal Information Consent form.

Date: _____ Signature of applicant: _____

If applicant is under 18 years of age

Parent or Guardian Name: _____

Signature of parent or guardian: _____

Application must be received or post-marked by June 30, 2011. Mail or fax to:

MFL Young Member Committee
Al Cerilli MFL Scholarship
303 - 275 Broadway
Winnipeg, MB R3C 4M6

ph: 204.947.1400

fax: 204-943.4276

website: www.mfl.mb.ca

dm.cope342

Private Information Authorization Form

(please print)

I _____, in accordance with the *Personal Information Protection and Electronic Documents Act*, authorize the Manitoba Federation of Labour or its designated representative to release and/or share personal information that the Manitoba Federation of Labour has accumulated about me with other Labour Organizations or Labour Friendly Organizations.

This authorization remains effective until revoked by me in writing.

Signature Month/Day/Year

Position: _____

Union: _____ Local: _____

Mailing Address

Street or Box #: _____

City/Town: _____ postal code: _____

Phone: (wk) _____ (hm) _____ (cell) _____ (fax) _____

E-mail: _____

*Preferred mail address for receiving mail (if different from above)

Street or Box #: _____

City/Town: _____ Postal Code: _____