



## APPLICATION – BURSARY FOR DEPENDENT CHILDREN OF NSGEU MEMBERS

Return To: Nova Scotia Government & General Employees Union  
255 John Savage Avenue Dartmouth, NS B3B 0J3  
Fax: (902) 424-2111 Attention: Education Committee  
Email: [scholarshipsandbursaries@nsgeu.ca](mailto:scholarshipsandbursaries@nsgeu.ca)

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### (Information Pertaining to Applicant)

**Name of Applicant:**

\_\_\_\_\_  
Last Name First Name Middle Initial

**Date of Birth (of Applicant):** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

**Complete Mailing Address:**

\_\_\_\_\_  
Address City Province Postal Code

**Telephone Numbers:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Home Work Cell

**Email Address:** \_\_\_\_\_

**School/University You Are Presently Attending:** \_\_\_\_\_

Full Time: \_\_\_\_\_ Part Time \_\_\_\_\_

**Institution you will be attending (if different then above):** \_\_\_\_\_

**What degree/diploma/certificate do you plan to attain?** \_\_\_\_\_

**Have you ever received a NSGEU Bursary?** Yes / No - If yes, when? \_\_\_\_\_

**NSGEU Member's Name:**

Last Name	First Name	Middle Initial
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**Address if different from Applicant:**

Address	City	Province	Postal Code
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**NSGEU Local Number:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**Annual Gross Household Income (excluding dependent children):**

NSGEU Member Salary (Line 150 Notice of Assessment): \_\_\_\_\_

Spouse/Common Law Spouse Salary (Line 150 Notice of Assessment): \_\_\_\_\_

**Names of ALL financial dependents at home or attending post-secondary institution?**

\_\_\_\_\_

I certify that the foregoing statements are complete to the best of my knowledge and hereby give authorization to NSGEU to verify any information given on this application.

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

Date: \_\_\_\_\_ Signature of NSGEU Member: \_\_\_\_\_

**\*\*\*Please Note: Only successful applicants will receive notification of being awarded a dependent bursary.\*\*\***

**FOR OFFICE USE ONLY:**

Information Complete: \_\_\_\_\_ Information Incomplete: \_\_\_\_\_

Name of Award Given: \_\_\_\_\_ Amount: \_\_\_\_\_

Date: \_\_\_\_\_ Chairperson's Signature: \_\_\_\_\_