



THE EDMONTON CIVIC EMPLOYEES CHARITABLE ASSISTANCE FUND

Two Term Bursary Program Application:

A Term is defined as a block of time or unit of education normally consisting of a four-month period commonly referred to as a semester or trimester.

The bursary assistance will be available for **two terms, which must be completed within a twelve-month period.**

Incomplete applications will be returned to the applicant.

Students who are enrolled in a term must complete the enclosed bursary application form and return the form to:

The Secretary-Treasurer
The Civic Employees Charitable Assistance Fund
P.O. Box 1910
Edmonton, Alberta
T5J 2P3

The bursary application forms must be returned no later than 30 days prior to the beginning of the term. **A copy of the transcript of high school marks must accompany the first bursary application.** To obtain transcripts of high school marks write to:

Alberta Education
44 Capital Blvd., 10044 – 108 St.
Edmonton, Alberta T5J 5E6
Phone (780) 427-5732
Fax (780) 422-2137

FIRST BURSARY APPLICATIONS

First term application forms will only be accepted from students who are wholly dependant upon the parent that is either the employee, a retired employee, or a deceased-in-service employee. Applicants are eligible to apply for post-secondary bursaries provided they are within six (6) years of having entered grade 10. This provides 3 years to complete high school plus an additional 3 years for the student to upgrade marks, work, travel or other endeavors.

Funds do not provide complete bursary assistance, monies toward books, or various fees and assessments. The tuition amount is established annually, and is based on this fund's financial status. Application forms received after the start of the term will only be considered by the trustees if accompanied by an explanation acceptable to the trustees. Trustees will consider extenuating circumstances on appeal in writing.

SECOND BURSARY APPLICATIONS

Retain the second bursary application form and return it not later than 30 days prior to the next term. Students who are applying for enrollment to any institution other than NAIT, U of A or Grant MacEwan must provide a letter from the institution which indicates the basic tuition fees for the program in which they are enrolling.

- 1) This application will be accepted provided the following conditions are met:
 - a) You are a full-time dependent of:
 - i) A current Employee
 - ii) A retired Employee (to pension or 35 years of service)
 - iii) A deceased In-Service Employee
 - b) Your parent is a member of one of the unions/associations:
 - i) CEMA (plus eligible EPCOR and Telus members)
 - ii) EFFU Local 209
 - iii) CUPE Local 30
 - iv) CEP 829
 - v) UNA Local196
 - vi) ATU 569
 - vii) IBEW 1007 (plus eligible Telus members)
 - viii) Senior Police Officers Association
 - ix) AMNUA – Capital Health/Community Health
 - c) Your parent has been contributing to the Charitable Fund for 12 consecutive months prior to the school entrance date.
 - d) You are accepted by the school you have applied to attend.
- 2) This fund will pay tuition directly to the institution you will be attending.
- 3) You are required to pay advance deposits or fees when required.
- 4) You will be reimbursed by the institution, after this fund remits tuition fees to that institution.
- 5) Please contact the school registrar one month after the entrance date, if you are entitled to a refund and have not received it yet.
- 6) You will be notified by letter, of the tuition amount paid.



OFFICE USE ONLY

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FIRST BURSARY APPLICATION (Please Print Neatly)			
Student Surname	First Name	Second Name	Social Insurance Number
Student Address	City	Province	Postal Code
Student Telephone Number	Birth Date (yy/mm/dd)	Relationship to Employee	
Parent Name (Employee)	Parent Employment Status	Parents Payroll Number	
Parent's Address	City	Province	Postal Code
Parent's Home Phone	Parent's Business Phone		
Parent's Employer	Union No. or Assoc. Name		
Present Academic Status	High School	Diploma	Other Please enter Other status info.
Date of Entrance to Grade 10	High School Entered		
Last High School Attended	Post Secondary School Applied to:		
Name of Faculty Program	Term Start Date (yy/mm/dd)		
Basic Tuition Fee ONLY (1 Semester or Term) \$	Student Registration Number	Term End (yy/mm/dd)	
Mailing Address of School Address City Province Postal Code Country	Signature of Applicant		
	Signature of Parent		
	Date of Application (yy/mm/dd)		

COPY OF HIGH SCHOOL TRANSCRIPT MUST BE ATTACHED TO THIS APPLICATION



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SECOND BURSARY APPLICATION (Please Print Neatly)			
Student Surname	First Name	Second Name	Social Insurance Number
Student Address	City	Province	Postal Code
Student Telephone Number	Birth Date (yy/mm/dd)	Relationship to Employee	
Parent Name (Employee)	Parent Employment Status	Parents Payroll Number	
Parent's Address	City	Province	Postal Code
Parent's Home Phone	Parent's Business Phone		
Parent's Employer	Union No. or Assoc. Name		
Last Post Secondary School Attended	From	To	
Name of School Applied to:			
Name of Faculty Program			Term Start Date (yy/mm/dd)
Basic Tuition Fee ONLY (1 Semester or Term) \$	Student Registration Number	Term End (yy/mm/dd)	
Mailing Address of School Address City Province Postal Code Country		Signature of Applicant	
		Signature of Parent	
		Date of Application (yy/mm/dd)	

This Application will ONLY be accepted for your SECOND term of post-secondary education. Submit NO later than 30 days prior to start of second term.