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2022 Crown Sector

Bursary Application

***LATE OR INCOMPLETE APPLICATIONS WILL BE REJECTED***

***DEADLINE: AUGUST 15, 2022***

**Check one:**

 Susan Jeannotte Memorial Bursary Full-time Studies Application

 (3 or more courses per semester)

 Susan Jeannotte Memorial Bursary Part-time Studies Application

 (Courses taken in 2021)

 Christine Day Memorial Scholarship Full-time Studies Application

 (3 or more courses per semester)

Name

Mailing Address

City/Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_/

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address while attending school:  same as above, or

City/Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_/

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am submitting my application for an SGEU Crown Sector Bursary and declare that the information given and statements made herein are true.

I hereby authorize SGEU Crown Sector to contact the post-secondary institution to verify enrolment information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20

*Signature of Applicant*

**NOTE TO APPLICANTS**

Please **DO NOT** include identifying information on pages 2 to 4 of the application.

Include identifying information on the cover page of essay **ONLY**. Do not use back of cover page for essay text. Do not include your name or signature on final page of essay.

**SGEU Member Applicant**

**Your taxable income for 2021**

 Check one

* $0 - $999
* $1,000 - 4,999
* $5,000 - 9,999
* $10,000 - 19,999
* $20,000 - 29,999
* $30,000 - 39,999
* $40,000 - 49,999
* $50,000 - 59,999
* $60,000 - 69,999
* $70,000 - 79,999
* $80,000—$89,999
* $90,00—plus

**Spouse's taxable income for 2021**

 Check one

* Not applicable
* $0000 - $9,999
* $10,000 - 19,999
* $20,000 - 29,999
* $30,000 - 39,999
* $40,000 - 49,999
* $50,000 - 59,999
* $60,000 - 69,999
* $70,000 - 79,999
* $80,000 - 89,999
* $90,000 - plus

**Dependant Applicant**

**Your taxable income for 2021**

 Check one

* $0 - $9,999
* $10,000 - 19,999
* $20,000 - 29,999
* $30,000 - 39,999
* $40,000 - 49,999
* $50,000 – plus

**Combined taxable income of parents for 2021**

 Check one

* $0000 - $9,999
* $10,000 - 19,999
* $20,000 - 29,999
* $30,000 - 39,999
* $40,000 - 49,999
* $50,000 - 59,999
* $60,000 - 69,999
* $70,000 - 79,999
* $80,000 - 89,999
* $90,000 – plus

**MARITAL STATUS**

**Statement of FINANCIAL FACTORS**

Indicate the barriers and special needs that apply to your situation:

 Check applicable item(s).

 Living away from home during studies

 I am under 25 and a dependant of SGEU member.

 More than one family member attending post-secondary education

 I'm challenged with a chronic health problem

 Northern resident (North of 54o)

 I pay child support

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include any other factors or circumstances that affect your financial situation.

* Physically/Mentally Challenged Dependant
* Physically/Mentally Challenged Spouse
* Elderly Care Provider
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEGREE / CERTIFICATE PROGRAM**

I'm enrolled during 2022 - 2023 as follows:

Institution

Name of Program

Student I.D. Number

Degree or certificate sought

Length of Program:  Check one

 Less than 1 year  1-2 yrs  3 yrs  4 yrs  5 yrs or more

Year of studies:  check one

  1st  2nd  3rd  4th  5th

Briefly state your career goal(s) once you've achieved this course certificate/degree.

**ACADEMIC RECORD TO DATE**

Highest Grade Completed \_\_\_\_\_\_\_\_\_\_ Year completed \_\_\_\_\_\_\_\_\_\_

Degree / Certificate / Course completed to date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES**

Please list two names of references that reflect the applicant's contribution to the union and/or the community. Provide their name, telephone and address and the capacity in which they have come to know you. If you are an SGEU member, we’d prefer one of the references to be a steward or union local officer.

**ESSAY**

**Essay Guidelines:**

* The essay needs to analyze or reflect on knowledge gained through interviews and research.
* The essay for the Susan Jeannotte Memorial Bursaries (both full- and part-time) must address the question, “What can SGEU do to promote mental health amongst its members?”
* The essay for the Christine Day Memorial Scholarship (full-time) must discuss the topic “Women in the union.”
* Your essay must be at least 500 words long.
* The Selection Committee will look for evidence that you've done some work and learned from the exercise. The understanding you convey will outweigh the technical aspects of the essay. If you use published resources, remember to note these in your bibliography.

**NOTE:** Your name should appear ONLY on the cover page of the essay. The essay should be typed and double spaced.

SGEU reserves the right to publish all or selected portions of essays.

**EMAIL TO: Attn: Sabrina Cataldo**

 **Crown Sector Education Committee Chair**

 **Crowns@sgeu.org**

How did you hear about this bursary program?  Check one or more.

* SGEU website School Guidance Counsel
* Steward School display
* Chief Steward Other-specify
* Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Poster
* Saskatchewan Education Scholarship Directory
* SGEU Scholarship Directory
* Other directory - specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A: IF YOU ARE A DEPENDANT OF AN SGEU MEMBER**

Relationship to Member

Name of Member

Work Location

Crown Sector Bargaining Unit / Local # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B: IF YOU ARE AN SGEU MEMBER**

Name

Work Location

Crown Sector Bargaining Unit / Local # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Self-Identification for members of equity-seeking groups (voluntary)**

I am a member of the following equity-seeking group(s):  Check applicable box(es)

* Indigenous  Disabled  LGBTQ2S+  Woman  Visible Minority
* Youth

**FINANCIAL INFORMATION:**

* Single with 3 or more dependents
* Single with 2 dependents
* Single with 1 dependent
* Single only
* Married/Co-habitation with 3 or more dependents
* Married/Co-habitation with 2 dependents
* Married/Co-habitation with 1 dependent
* Married/Co-habitation with no dependents

**REFERENCES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Phone #** | **Capacity** |
|  |  |  |  |
|  |  |  |  |