



Scholarship Program Application

for courses starting between
January 1, 2017 and June 30, 2017

1. Instructions

1. Before completing the application, **please read** the entire application package.
2. All information **must** be completed for applications to be considered.
3. Applicant **must** be a City of Winnipeg employee and a member of CUPE Local 500.
4. Applicant **must** have attained and maintain CUPE seniority.
5. Funds will be paid directly to the educational institution that the employee is attending.
6. Funds will be awarded for **tuition and registration costs only**.
7. **Funding is limited. Please ensure you have the best chance possible by answering all questions completely.**

2. Notification

All applicants will be notified by email or by telephone of the Scholarship Committee's decision on or by **November 25, 2016**. The Scholarship Committee cannot provide any information on the status of the applications prior to that date.

3. How to Apply

The application form can be printed from:

- City of Winnipeg, CityNet at <http://citynet/jc/main/scholarships/default.stm>
- CUPE Local 500 site at <http://cupe500.mb.ca>

A printed copy can be picked up at:

- Employee Development Branch, 4th Floor, 180 King Street
- CUPE Local 500, 702 - 275 Broadway

DEADLINE: October 17, 2016 at 4:30 p.m. - Late submissions will NOT be accepted

Please email, mail, fax or drop off your completed application to:

Corporate Training Administrator

Employee Development Branch

4th Floor, 180 King Street

Winnipeg, MB R3B 3G8

Phone: 204-986-3191

Fax: 204-986-3299

CorporateTraining@winnipeg.ca





Scholarship Program Application

Application Deadline: October 17, 2016

Eligibility Criteria:

| | Yes | No |
|--|--------------------------|--------------------------|
| 1. I am a City of Winnipeg employee | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I am a member of CUPE Local 500 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have attained and maintain CUPE seniority | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I am a first time applicant to the Scholarship Program (if "yes" – skip questions 5 & 6) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If you answered no to question #4, a transcript must be attached. (If the course/learning activity you have completed did not include a grade report, please include a letter of completion. If you do not provide this, your application will not be considered.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Course completed but transcript not yet received. (You must provide the transcript once received.) | <input type="checkbox"/> | <input type="checkbox"/> |

**Please answer all questions and provide all information requested.
Your application will not be considered if it is not complete.**

Personal Information:

| | |
|---------------------|---------------------|
| Name: | |
| Home Address: | Postal Code: |
| Home Phone #: | Work Phone #: |
| Department: | Branch/Section: |
| Job Title: | |
| Home Email Address: | Work Email Address: |

Things You Need to Know:

- ✓ If you do not know the exact cost of your course(s), please estimate based on last year's cost.
- ✓ If you do not know the exact start date, please indicate the month and year.
- ✓ If you plan to take the course by correspondence, please indicate the month and year you plan to start the course.
- ✓ Even if the course you are requesting is part of a larger program of study, you must identify the specific course(s) by name and cost per course.

Are you presently enrolled in a program of study? Yes No

If yes, what is the name of the program of study? _____

Funding for courses starting between January 1, 2017 and June 30, 2017

| Name of Institution | Course Name | Course Dates (Month/Year) | Tuition Costs (Excluding Books) |
|---------------------|-------------|------------------------------|------------------------------------|
| | | | |
| | | | |
| | | | |

- List the total anticipated cost for your tuition/registration. \$ _____
- List funds you will use from other sources (i.e. personal funds, department, other scholarships, etc.)

Source: _____ (minus) \$ _____

Source: _____ (minus) \$ _____

Calculate the new amount you will need by subtracting your funding from other sources listed above.
(Maximum amount \$1,000.00) Net Amount \$ _____

Probability of Job Opportunities:

What City of Winnipeg jobs will this course help you to prepare for?

Type here

Career Goals:

Briefly describe your career goals and how this course may help you to achieve those goals. Focus on how your goals relate to City work.

Type here

Organizational Benefits:

How do you think your education & training will benefit the organization? Be specific.

Type here

Transferable Skills:

What workplace skills will this course or program of study help you build?

Type here

Community/Volunteer Activities:

How have you contributed to your community in the past?

Type here

Individual Contribution to Personal Growth:

How have you contributed to your personal and professional development in the past and how do you propose to do so for this particular opportunity?

Type here

Certification:

I certify that all of the information I have included in my application is true. I understand that if I am selected for a scholarship, I will be required to submit proof of acceptance to or enrollment in the course or courses I attend. I agree that if I am selected for an award, the Scholarship Committee may use my name and/or photograph for publicity purposes. I also certify that I have read and understood the information above.

Signature

Date

DEADLINE: October 17, 2016 at 4:30 p.m. - Late submissions will not be accepted

Please email, mail, fax or drop off your completed application to:

Corporate Training Administrator

Employee Development Branch

4th Floor, 180 King Street

Winnipeg, MB R3B 3G8

Phone: 204-986-3191

Fax: 204-986-3299

CorporateTraining@winnipeg.ca

