



2010 CEP SCHOLARSHIP APPLICATION FORM

(Please complete in FULL and return by **April 15, 2010**)

Please complete in full and in BLOCK letters

LAST NAME: _____ FIRST NAME: _____ INITIALS: _____

ADDRESS: _____ TELEPHONE: _____

_____ CELLULAR: _____

_____ OTHER: _____

E-MAIL: _____

NAME OF PARENT OR GUARDIAN MEMBER OF CEP LOCAL UNION AND EMPLOYER:

_____ CEP LOCAL # : _____

EMPLOYER: _____

PLEASE SUMMARIZE YOUR PLANS FOR FURTHER EDUCATION:

This application form MUST be signed by an officer of the CEP Local mentioned above.

CEP LOCAL UNION OFFICER
(Please print)

TELEPHONE

DATE

SIGNATURE

REMINDER: PLEASE REMEMBER TO ATTACH YOUR MOST RECENT SCHOOL TRANSCRIPT AND ESSAY TO THIS FORM AND MAIL TO THE ATTENTION OF: Irene Lafontaine, 301 Laurier Avenue West, Ottawa, ON K1P 6M6 or by fax: 613-230-5801 or by e-mail to: ilafontaine@cep.ca .