



www.seiulocal2.ca · Representing Canadian workers since 1902

SEIU Local 2 NATIONAL BURSARY APPLICATION FORM

Name of Applicant: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Name and location of the school you are confirmed to attend for the 2020/21 school year:

Student ID Number: _____

Name of eligible Member, their employer's name and workplace location:

Member Signature: _____

Signature of Applicant: _____

Date: _____

