

FULL-TIME STUDENTS

ALBERTA UNION OF PROVINCIAL EMPLOYEES EDUCATION ASSISTANCE



AUPE maintains a Members' Education Assistance Fund, which is the responsibility of the Education sub-committee of the Members' Benefits Committee. The sub-committee determines the amount of bursary money (for Type 1) that will be awarded each year based on the interest generated by the capital in the fund.

Criteria:

- Applications will be accepted after **May 15, 2024** and must be received at AUPE Edmonton HQ by **4:00 pm on Monday, July 15, 2024**.
- **Incomplete applications will be disqualified.**
- Program of study – identify program, length of program.
- Confirmation of acceptance with class schedule **MUST be attached**. (If not available submit application by deadline without class schedule).
- Must be attending **full-time studies** as defined by Institution.
- Must be enrolled for academic year September to August following application deadline.
- 1st time applicants may be given preference.

Notes:

- Application forms are available on the AUPE website.
- The Essays are sent to independent adjudicator(s) for grading.
- Social Insurance Number must be provided (for tax purposes).
- All applicants will be advised in writing of the results.
- Please **DO NOT phone** AUPE to request the sub-committee's decision on your Scholarship/Bursary application.
- AUPE will not provide funds for any expenses related to this program other than tuition.

DEADLINE FOR APPLICATION: July 15, 2024

The completed application will **only** be accepted from **May 15 to July 15, 2024** each year for studies commencing after the submission deadline. **Please email applications and attachments to scholarships@aupe.org or fax to 780-930-3344.**

Eligibility: Members of AUPE **with two consecutive years service as of the application deadline date** are eligible, and/or their spouse, and/or their financial dependents; and/or dependents of retired or deceased members for a period of one year. Eligible dependents must be 25 and under as of the application deadline date. Consideration will be made for a past member who enrolls full-time in an educational institution within the first year of job elimination.

This bursary is awarded based on financial need, available for full-time post secondary Education.

Note: Inactive members (applicant and/or parent of applicant) must provide an explanation. (eg. leave of absence, casual etc.)

TYPE 1: FULL-TIME BURSARY

Administered through the Members' Benefits Education Sub-Committee

Bursary Amount: \$1,000

Applicants applying as a dependent of an AUPE member, **MUST** provide **ALL** financial information of **applicant, member** and **spouse/partner** in Section 5 of application.

Note: In cases of divorce/separation both households must submit financial information.

Priority will be given to students who have NOT received the Bursary award previously.

TYPE 2: SCHOLARSHIP

A: Post Secondary This scholarship was set up at the 2004 Annual AUPE Convention to raise awareness of privatization of public services.

B: High school In February 2017, the Provincial Executive upon request from the Members' Benefits Committee approved a second scholarship for \$2,000. The Committee felt that it was needed to balance competition between high school and post-secondary students.

A: Two (2) \$2,000 Brent Gawne Memorial Scholarships

B: Two (2) \$2,000 Mary Kehoe Memorial Scholarships

Essay Topic: Please see page 2 of this form

Essay Format: Your essay must be submitted in formal format (i.e. title page, footnotes, citations, double spaced, and a complete bibliography as evidence of the research you have compiled).

Attach confirmation identifying full-time study, including class schedule.

Applicant must sign consent for essay to be published on AUPE's website or publications.

All essays are reviewed by an independent adjudicator.

**2024 Brent Gawne Memorial Scholarships Essay Topic:
Assignment: Democracy!**

These days, we hear many expressions of concern about what is happening to democracy in government and civil society. In a well-constructed essay of approximately 2,000 words, identify and analyze what is happening to democracy in Alberta, Canada, and around the world. In the process, define what 'democracy' means and where it is a concrete issue, i.e., when and where it appears in real life, how people actually participate in it, and where it is denied.

While you are expected to rely on some authority and factual evidence to back your statements, this assignment is primarily concerned with your thoughts, experiences, and reactions to what you are hearing and seeing. What has been your experience with democracy or lack of it? What can be done to improve the quality of democracy in government, workplaces and daily life, and what role could unions such as AUPE play in this effort?

As with all assignments such as this, your essay will be judged on style, clarity, evidence of research (footnotes, etc.), how well you support or substantiate your choices and positions, and whether you respond to all parts of this question.

**2024 Mary Kehoe Memorial Scholarships Essay Topic:
Assignment: Occupational Health and Safety**

Alberta passed its first comprehensive Occupational Health & Safety Act in 1976, one year before the Alberta Union of Provincial Employees (AUPE) was officially formed. The new Union began its history by building an aggressive program to protect the health and safety of members who were working in hundreds of worksites across the province. In a well-structured essay of about 2,000 words, trace the history of the Union's efforts and achievements in this area, with reference to 2-3 specific actions and accomplishments, and taking note of key individuals involved. An essay such as this necessarily relies on historical facts, which means that the adjudicator will look for evidence of research and proper referencing of sources. (Note: You might begin by accessing Occupational Health & Safety pages on the AUPE website, as well as AUPE Oral Histories on the Alberta Labour History Institute website.)

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PLEASE PRINT: An incomplete form will be disqualified. All sections MUST BE completed and signed by student/member. Please use blue or black ink only.

1	Please indicate which bursary/scholarship you are applying for		If you qualify, you may apply for both Type 1 and Type 2 on the same application form.	
	<input type="checkbox"/> TYPE 1: AUPE Bursary (number to be determined by committee)	<input type="checkbox"/> TYPE 2: \$2,000 Brent Gawne Memorial Scholarship or \$2,000 Mary Kehoe Memorial Scholarship (Essay and word count for essay must be attached)	<input type="checkbox"/> Post Secondary Student	<input type="checkbox"/> High School Student

PERSONAL DATA	Applicant's Surname		Given Name and Initials		Social Insurance No.		Date of Birth (DD/MM/YYYY)	
	Address				City/Town		Postal Code	
	Cell Phone No.		Home Phone No.		Email		Marital Status	
							<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law	
	Name of Spouse/Partner		Spouse/Partner's Occupation		No. of Dependents <input type="checkbox"/> FT <input type="checkbox"/> Casual <input type="checkbox"/> PT <input type="checkbox"/> FTE		All Dependent(s) Age(s)	
	Are you an AUPE Member?		Or the Dependent of a Member?		Relationship to Member		Have you received an AUPE Education Bursary before?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		Year(s) <input type="text"/>		
Will you be relocating from the above city/town?				Will you receive any other educational funding?		Amount		
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No (ie. Bursaries, Employer Tuition Supported, Scholarship, RESP)		<input type="text"/>		

In accordance with CRA regulations, assistance provided to applicant (in excess of \$500) is deemed a taxable benefit and AUPE is required to issue a T4a.

If the applicant is an AUPE member, complete the following

3	Occupation		No. of Dependents <input type="checkbox"/> FT <input type="checkbox"/> Casual <input type="checkbox"/> PT <input type="checkbox"/> FTE		Employer	
	Location		AUPE Member No.		Local/Chapter	
					Date of Membership (DD/MM/YYYY)	
No. of Dependents		All Dependent(s) Age(s)				

If the applicant is a DEPENDENT of an AUPE member, the following is to be completed by the MEMBER

MEMBERSHIP HISTORY	Member's Surname		Given Name and Initials		AUPE Member No.		Local/Chapter	
	Address				City/Town		Postal Code	
	Business Phone No.		Home Phone No.		Occupation		No. of Dependents (including applicant)	
							All Dependent(s) Age(s) (including applicant)	
Employer		Location		Date of Membership (DD/MM/YYYY)				
Marital Status		Name of Spouse/Partner						
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law								
Spouse/Partner's Occupation		Please describe employment				<input type="checkbox"/> FT <input type="checkbox"/> Casual <input type="checkbox"/> PT <input type="checkbox"/> FTE		

4	Period of study for which assistance is being requested:		From:		To:	
	Institution				*Program and Length of Program	
	Location		No. of Years Completed of Current Program		Student ID No.	
	Post Secondary Education Achieved				Dates	

***Attach confirmation of acceptance including class schedule**

Application No. (office use only)

Income for Applicant, Member and Spouse (NOTE: In cases of Divorce/Separation both households must submit financial information.)

5 FINANCIAL INFORMATION	APPLICANT			
		Applicant	Spouse/Partner	Total
	Net income from previous year's income tax return	\$	\$	\$
	Estimate of income for this tax year	\$	\$	\$
	All Other income (explain)	\$	\$	\$
	PARENTS OF DEPENDENT APPLICANT			
		Member	Spouse/Partner	Total
	Net income from previous year's income tax return	\$	\$	\$
	Estimate of income for this tax year	\$	\$	\$
	All Other income (explain)	\$	\$	\$
	DIVORCED/SEPARATED PARENTS OF DEPENDENT APPLICANT			
		Member	Spouse/Partner	Total
Net income from previous year's income tax return	\$	\$	\$	
Estimate of income for this tax year	\$	\$	\$	
All Other income (explain)	\$	\$	\$	

6	Tell us about yourself
	Provide in two or more paragraphs your financial need, special circumstances, career goals and any information relevant to your application that may assist the committee. Your written comments are very important to the evaluation of your application.

CHECKLIST (Note: If any of the noted items are missing your application may NOT be considered.)

- Use the current year's AUPE application form
- Section 6 completed
- Attach copy of full-time acceptance
- Attach copy of class schedule
- If applicable, Type 2 - Essay (in acceptable essay format with word count attached)
- Signature of applicant and member
- Submit your completed application with supporting documents no later than 4:00 pm on July 15, 2024

I/We certify the above information to be true and complete.

Signature of Applicant	<input type="text"/>	Applicant's essay publication consent	<input type="text"/>
Signature of Member/Parent	<input type="text"/>	Date	<input type="text"/>

Attention: Members' Education Assistance Program
Fax : 780-930-3344 • email: scholarships@aupe.org

Applications will be accepted
from May 15 to July 15, 2024

Disclaimer for Collection, Use and disclosure of Personal Information: Personal Information may be collected, used and/or disclosed during any or all steps of the review process for the sole purpose of reviewing your application. AUPE will not use any personal information which has been collected for any other purpose than that associated with fulfilling our responsibilities as the Education Sub-Committee of the Members' Benefits Committee, nor disclose it to any party outside the committee without your expressed written consent, unless required by law.