

## PART-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 that will be awarded each year based on the interest generated by the capital in the fund.

### Criteria:

- **Incomplete applications will be disqualified.**
- Program of study – identify program, length of program.
- Proof of course enrollment/registration **MUST be attached.**
- Must be attending part-time studies as defined by Institution.
- Bursaries will be considered for accredited educational institutions only.
- Courses ending prior to the bursary application deadline will not be accepted.

### Notes:

- Application forms are available on the AUPE website.
- **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 Bursary application.
- AUPE will not provide funds for any expenses related to this program other than tuition.
- Income may be used in the decision-making process.

**DEADLINES FOR APPLICATION:** The completed application will be accepted between October 15 to November 29, 2024 for studies commencing after the submission deadline. **Please scan and email applications to [scholarships@aupe.org](mailto:scholarships@aupe.org) or fax them to 780-930-3344.**

### Eligibility:

- Members of AUPE with one year of service at the date of application.
- Must be an accredited course that could be used towards a degree, diploma or certificate program.
- Consideration will be made for a past Member who enrolls part-time in an educational institution within the first twelve (12) months of job elimination through layoff or abolishment.

### BURSARY:

**Administered through the Members' Benefits Education Sub-Committee**

Bursary Amount: \$500.00

**Priority will be given to first time applicants.**

**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.**

<b>PERSONAL DATA</b>	Applicant's Surname		Given Name and Initials		Social Insurance No.		Date of Birth (DD/MM/YYYY)		
	Mailing Address				City/Town		Postal Code		
	Cell Phone No.			Email					
	Are you an AUPE Member? <input type="checkbox"/> Yes <input type="checkbox"/> No					Have you received an AUPE Education Bursary before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Year(s)	
	Will you receive any other educational funding? <input type="checkbox"/> Yes <input type="checkbox"/> No (ie. Bursaries, Employer Tuition Supported, Scholarship)				Amount				
	Occupation			<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)	

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.

<b>APPLICANT'S EDUCATION</b>	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	

Application No. (office use only)
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**Income for Applicant, Member and Spouse** (NOTE: In cases of Divorce/Separation both households must submit financial information.)

<b>FINANCIAL INFORMATION</b>	<b>APPLICANT</b>			
		<b>Applicant</b>	<b>Spouse/Partner</b>	<b>Total</b>
	<b>Net income</b> from previous year's income tax return	\$	\$	\$
	Estimate of income for this tax year	\$	\$	\$
	All Other income	\$	\$	\$

<b>4</b>	<b>Tell us about yourself</b>
	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. <b>Your written comments are very important to the evaluation of your application.</b>

**4 Tell us about yourself** *continued*

**CHECKLIST**

**(Note: If any items are missing your application will NOT be considered)**

- Use the current year's AUPE application form
- Section 4 completed
- Attach proof of course enrollment/registration
- Signature of applicant/member
- Submit your completed application with supporting documents no later than Friday, November 29, 2024

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

Signature of Applicant

Date

**Attention: Members' Education Assistance Program**

The Alberta Union of Provincial Employees  
10025 - 182 ST NW, Edmonton, AB T5S 0P7

Fax : 780-930-3344 • email: [scholarships@aupe.org](mailto:scholarships@aupe.org)

**Applications will be accepted  
until Friday, November 29, 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.