

Office Use Only

\*USE Adobe Acrobat Reader to open and complete this fillable form

The purpose of this form is to assist us in evaluating your scholarship/bursary application. You are responsible for sending copies of the evaluation form to two responsible people (not relatives) who have known you for at least two years and are familiar with your educational background, goals, achievements and personal character.

I. This section to be completed by applicant	
NAME  I waive my rights to view this reference	
Name of Reference:	Occupation:
Address:	Phone:
How long have you known the applicant?	n what way are you associated with the applicant?
In a general statement, explain why you believe the applicant should be awarded a scholarship or bursary. Please include comments on leadership qualities, work experience and community involvement. (Note: Attach a separate sheet if more room is needed)  Return completed form to: CUPE Local 500	
Signature of Reference	203 – 275 Broadway, Winnipeg, Mb. R3C 4M6 Fax: 956-1439 or Email: union@cupe500.mb.ca (by no later than Tuesday, July 4 2023)