



## CUPE NOVA SCOTIA MIKE MCNEIL WEEKLONG SCHOOL SCHOLARSHIP 2023

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The CUPE Nova Scotia Mike McNeil Weeklong School Scholarship is awarded by CUPE Nova Scotia annually. The Scholarship will cover the cost of the registration fee for a single room for the purpose of attending the CUPE Atlantic Weeklong School.

### Eligibility:

Nova Scotia CUPE Union Locals may submit the name of a member for this scholarship. The member must be in good standing with their local and the submitting local must be affiliated to CUPE Nova Scotia. Preference will be given to a local and member who has not previously received a scholarship for the weeklong school and who would otherwise be unable to send a member to the weeklong school due to finances.

### Decisions:

The decision of the CUPE Nova Scotia Awards Committee will be final. CUPE Nova Scotia assumes no responsibility for applications or supporting documents lost, misdirected, or otherwise not received by the deadline. It is the applicant's sole responsibility to ensure that the application is made correctly, legibly and received by the deadline date. **Late submissions will not be considered.**

### Confidentiality:

Member data is highly confidential and must be treated as such. CUPE Nova Scotia will always keep confidential the affairs of the membership. The names of the successful applicant may be published in official publications and/or the web site of CUPE Nova Scotia.

Applications **MUST** be received no later than **April 15<sup>th</sup>, 2023** and mailed or faxed to the attention of the CUPE NS Awards Committee at the address below. **No late applications will be considered.**

CUPE Nova Scotia Awards Committee  
271 Brownlow Avenue  
Dartmouth, NS  
B3B 1W6  
**Fax: 902-455-5915**

**All inquiries regarding the scholarship should be directed to:**

Dianne Frittenburg  
CUPE Nova Scotia Awards Committee Chair  
[Email: dfritt@icloud.com](mailto:dfritt@icloud.com)  
Phone: 902-521-7782



**CUPE NOVA SCOTIA  
MIKE MCNEIL WEEKLONG SCHOOL  
2023 SCHOLARSHIP  
APPLICATION FORM**

**1. Name and Number of Submitting Local:**

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**2. Name of Member registered to attend the Weeklong School:**

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Last Name	First Name	Middle Initial
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**3. Address:**

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Street and Number	City/Town	Province	Postal Code
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**4. Telephone Number and email:**

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Home	Work	Cell
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Email

**5. Has your local attended the Atlantic Region Weeklong School in the past?**

YES       NO

**6. Has your member or your local received the CUPE NS Weeklong School scholarship in the past?**

YES       NO

**7. What benefit would be gained by your member and your local in participating in the Atlantic Region Weeklong School?**

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**8. Please submit the financial documents outlining the financial position of your local.**

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I certify that the foregoing statements and information is complete to the best of my knowledge and hereby give authorization to CUPE Nova Scotia to verify any information given on this application.

**Signature of Local President:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_