



CUPE NOVA SCOTIA 2024 HIGGINS INSURANCE SCHOLARSHIP

Two \$1000.00 **CUPE Nova Scotia Higgins Insurance Scholarships** are awarded annually by CUPE Nova Scotia.

Individuals that meet the below eligibility and planning enrollment at an accredited post-secondary institution in the 2024-2025 academic year may make application for one of these scholarships.

Eligibility:

Union members in good standing with a local union affiliated to CUPE Nova Scotia; *and or a* child or legal ward of a member in good standing of a local union affiliated to CUPE Nova Scotia.

Awarding Criteria:

Only applications that are completed in full and include a cover letter from the applicant outlining their ongoing volunteerism within their school, union and or community and reference letter will be considered. Consideration will be given to first time recipients.

Application must be complete and on the scholarship form and must be received by the CUPE Nova Scotia Awards Committee not later than **April 15, 2024**. With all supporting documents for the application to be considered. Applicants are asked to include a picture for themselves with the application.

Decisions 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. Members of the Awards Committee confirm that they will always keep confidential the affairs of the membership. The names and picture of the successful applicants may be published in official publications and/or web site of CUPE Nova Scotia and Higgins Insurance.

Applications with all supporting documents are to be mailed or faxed to the attention:

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

All inquiries regarding the scholarship should be directed to:

Dianne Frittenburg
Awards Committee Chair
Email: dfritt@icloud.com
Phone: 902-521-7782



**CUPE NOVA SCOTIA
2024 HIGGINS INSURANCE SCHOLARSHIP
APPLICATION FORM**

PART ONE: Information Pertaining to the Scholarship Applicant:

1. Name of Applicant:

Last Name	First Name	Middle Initial
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2. Address:

Street and Number	City/Town	Province	Postal Code
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3. Telephone:

Home	Work	Cell
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Current Email address _____

4. Name of the Post-secondary institution you will be attending:

5. What degree/diploma do you plan to attain?

6. What academic year are you entering? 1st 2nd 3rd 4th

If other, please explain: _____

7. Include a cover letter and resume describing your involvement in unpaid volunteerism/social activism activities within your school and community, your length of service and time commitment. As well a reference letter completed by an individual who is familiar with your volunteer or activism activities who is not a relative with their full contact information.

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 and permission to publish my name and picture in their newsletter and website/social media.

Signature of Applicant: _____ Date: _____



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PART TWO: Information Pertaining to the CUPE Nova Scotia Member: *please complete whether you as a member or your dependent is the applicant.*

1. Members Name:

_____	_____	_____
Last Name	First Name	Middle Initial

2. Address:

_____	_____	_____	_____
Street and Number	City/Town	Province	Postal Code

3. Telephone:

_____	_____	_____
Home	Work	Cell

Current email address: _____

4. CUPE Local Number: _____

5. Sector and Classification: _____

6. Relationship to Applicant if applicable: _____

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 Applicant Parent: _____ Date: _____