

# **Scholarship Guidelines**

Effective September 1, 2014

## **General Information**

- Applications will be accepted to a maximum of 90 days following completion of a term with required documentation (including term's grades). Applications are accepted within 90 days of term completion. If received after 90 days of term completion applications will be denied. Applications that are incomplete or missing required documentation will be returned.
- Under CRA rules, all scholarships are taxable as income to the recipient, and as such, are subject to federal and provincial taxes.
   T4As will be issued at the start of the next calendar year from this Fund.
- □ Scholarships for university/college programs will be available for a lifetime maximum of <u>two</u> consecutive terms per student of an ECECAF member which must be completed within a twelve month calendar period.
- □ Scholarships for apprenticeship programs will be considered to a lifetime maximum over <u>four</u> consecutive periods. Proof of payment of actual tuition fees is required.
- □ The Board has the right to consider extenuating circumstances that do not fall within these parameters on a "without prejudice" basis.

## **Student Information**

- □ The student must be under 25 years of age at the start of the first scholarship term.
- □ The student is to have **completed** the term as a full-time student. Full-time status is defined as no less than three post-secondary level courses/nine credits in a term (in accordance with CRA rules).
- □ Social Insurance Number must be included as a T4A will be issued.
- □ Enter a current and valid email address as the applicant may be notified via email regarding the application.
- □ Relationship to Contributor is "son" or "daughter".

## **Parent Information**

- The student's parent(s) (to a maximum of two) is a current contributing, retired or deceased member of: CEMA, EFFU Local 209, CUPE Local 30, ATU Local 569, Unifor (formerly CEP) Local 829, IBEW Local 1007, Senior Police Officers Association, UNA Local 196, or AMNUA Alberta Health Services.
- □ The student's parent(s) has been contributing to the Charitable Assistance Fund for twelve (12) consecutive months prior to the post-secondary start date (unless retired or deceased).
- Employment status is to be circled: FT for full-time, PT for part-time, LTD for long term disability, retired, or deceased. Scholarships for dependents of casual ECECAF members will be considered at the discretion of the board.

#### **Education Information**

- □ The full name of the post-secondary educational institution is required, and if outside Alberta, the address must be included.
- □ Visit <u>www.ececaf.ca</u> for the current scholarship amount per two consecutive terms per student of an ECECAF member.
- □ Scholarships for co-op programs will be considered at the discretion of the board.

#### **Required Documentation to Attach**

- □ A **copy** of each of the following is **required** to accompany the Scholarship Application for ECECAF Members form. Failure to do so will delay the process and the student may be denied scholarship funding:
  - Government issued photo identification e.g. Driver's License or Passport
  - □ Term/period final marks clearly stating student name, school, and term/period
  - □ Proof of tuition paid clearly stating student name, school, term/period

#### **Required Signatures**

- □ The student must sign the application form
- □ The contributing parent(s) must sign the application form

#### **Final Steps**

- □ After completing the application form, double check for completeness using these Scholarship Guidelines.
- □ Attach the required documentation to the completed application form and mail to the address at the bottom of the form.
- Please allow for mailing time in meeting the application deadline. The deadline for the Fall (September) term is the following March 31, and the deadline for the Winter (January) term is the following July 31.
- D Please allow 4-6 business weeks for processing. (At peak times processing may take up to 8 business weeks.)



# **Application Deadline:**

Applications received after 90 days of term completion will be denied.

Incomplete applications will be returned.

Fall (September) term deadline is the following March 31

Winter (January) term deadline is the following July 31

This application is for (check one):										
□ 1 <sup>st</sup> Term		Period 1 A	pprentice	Period 3 Apprentice						
□ 2 <sup>nd</sup> Term		Period 2 A	pprentice	Period 4 Apprentice						
STUDENT INFORMATION										
Name (First Middle Last)										
Social Insurance Number	Email Address			Phone Number						
Home Address	City Province Postal Code									
Date of Birth (dd/mm/yyyy)	Relationship to Contributor			Age at Start of 1 <sup>st</sup> Scholarship Term						
PARENT INFORMATION										
Name (First Last)	Home/Cell Phone Number			Work Phone Number						
Employer	Union/A	ssociation	Payroll Number	Circle One: FT PT Casual LTD Retired Deceased						
If applicable, Second Parent Contributor Name	Union/A	ssociation	Payroll Number	Circle One: FT PT Casual LTD Retired Deceased						
EDUCATION INFORMATION										
Post-Secondary Institution Name and, if outside		Faculty								
Student ID/Registration Number	Term Start Date (dd/mm/yyyy)			Term End Date (dd/mm/yyyy)						
REQUIRED DOCUMENTATION TO ATTACH - COPIES NOT ORIGINALS										
<ul> <li>Government issued photo identification e.g. Driver's License or Passport</li> <li>Final marks of term/period (does not need to be official transcript) including student name, school, and term/period</li> <li>Proof of tuition paid including student name, school, and term/period</li> </ul>										
REQUIRED SIGNATURES										
By signing this form, I agree the information on this form is complete and accurate. I understand the information provided by me to the Edmonton Civic Employees Charitable Assistance Fund about myself will be used to process this request for scholarship funding and the issuance of a T4A to the student.										
Student Signature:		Со	ntributing Parent	s) Signature:						
Date:		Da	te:							
Please send completed application form and required documentation to:										

**Fund Administrator** 

Edmonton Civic Employees Charitable Assistance Fund

PO Box 389

# St Albert AB T8N 7A2

#### OFFICE USE ONLY:

RECEIVED	VED		DATA ENTERED	PAID	
APPROVED	DENIED	INCOMPLETE	RETURN OR EMAIL	INC DATA RECEIVED	