



Education Training  
and Staff Development

# Scholarship Program Application

for courses starting between  
January 1, 2018 and June 30, 2018

## 1. Instructions

1. Before completing the application, **please read** the entire application package.
2. All information **must** be completed for applications to be considered.
3. Applicant **must** be a City of Winnipeg employee and a member of CUPE Local 500.
4. Applicant **must** have attained and maintain CUPE seniority.
5. Funds will be paid directly to the educational institution that the employee is attending or reimbursed to employees who have already paid and can provide a receipt.
6. Funds will be awarded for **tuition** and **registration costs**.
7. **Funding is limited. Please ensure you have the best chance possible by answering all questions completely.**

## 2. Notification

All applicants will be notified by email or telephone of the Scholarship Committee's decision on or by **November 24, 2017**. The Scholarship Committee cannot provide any information on the status of the applications prior to that date.

## 3. How to Apply

The application form can be printed from:

- City of Winnipeg, CityNet at <http://citynet/jc/main/default.stm>
- CUPE Local 500 site at <http://cupe500.mb.ca>

A printed copy can be picked up at:

- Employee Development Branch, 4<sup>th</sup> Floor, 180 King Street
- CUPE Local 500, 702 - 275 Broadway

**DEADLINE: October 20, 2017 at 4:00 p.m. - Late submissions will NOT be accepted**

**Please email, mail, fax or drop off your completed application to:**

**Corporate Training Administrator**

Employee Development Branch

4th Floor, 180 King Street

Winnipeg, MB R3B 3G8

Phone: 204-986-3785

Fax: 204-986-5666

[CorporateTraining@winnipeg.ca](mailto:CorporateTraining@winnipeg.ca)





# Scholarship Program Application

Application Deadline: October 20, 2017

## Eligibility Criteria:

	Yes	No
1. I am a City of Winnipeg employee	<input type="checkbox"/>	<input type="checkbox"/>
2. I am a member of CUPE Local 500	<input type="checkbox"/>	<input type="checkbox"/>
3. I have attained and maintain CUPE seniority	<input type="checkbox"/>	<input type="checkbox"/>
4. I am a first time applicant to the Scholarship Program (if "yes" – skip questions 5 & 6)	<input type="checkbox"/>	<input type="checkbox"/>
5. If you answered <b>no</b> to question #4, a transcript <b>must</b> be attached. (If the course/learning activity you have completed did not include a grade report, please include a letter of completion. <b>If you do not provide this, your application will not be considered.</b> )	<input type="checkbox"/>	<input type="checkbox"/>
6. Course completed but transcript not yet received. <b>(You must provide the transcript once received.)</b>	<input type="checkbox"/>	<input type="checkbox"/>

**Please answer all questions and provide all information requested.  
Your application will not be considered if it is not complete.**

## Personal Information:

Name:	Employee ID #:
Home Address:	Postal Code:
Home Phone #:	Work Phone #:
Department:	Branch/Section:
Job Title:	
Home Email Address:	Work Email Address:

## Things You Need to Know:

- ✓ If you do not know the exact cost of your course(s), please estimate based on last year's cost.
- ✓ If you do not know the exact start date, please indicate the month and year.
- ✓ If you plan to take the course by correspondence, please indicate the month and year you plan to start the course.
- ✓ Even if the course you are requesting is part of a larger program of study, you must identify the specific course(s) by name and cost per course.

Are you presently enrolled in a program of study? Yes ☐ No ☐

If yes, what is the name of the program of study? \_\_\_\_\_

Funding for courses starting between January 1, 2018 and June 30, 2018

Name of Institution	Course Name	Course Dates (Month/Year)	Tuition Costs

▪ List the total anticipated cost for your tuition/registration. \$\_\_\_\_\_

▪ List funds you will use from other sources (i.e. personal funds, department, other scholarships, etc.)

Source: \_\_\_\_\_ (minus) \$\_\_\_\_\_

Source: \_\_\_\_\_ (minus) \$\_\_\_\_\_

Calculate the new amount you will need by subtracting your funding from other sources listed above.

(Maximum amount \$1,000.00)

Net Amount \$\_\_\_\_\_

**Probability of Job Opportunities:**

*What City of Winnipeg jobs will this course help you to prepare for?*

**Career Goals:**

*Briefly describe your career goals and how this course may help you to achieve those goals. Focus on how your goals relate to City work.*

**Organizational Benefits:**

*How do you think your education & training will benefit the organization? Be specific.*

**Transferable Skills:**

***What workplace skills will this course or program of study help you build?***

**Community/Volunteer Activities:**

***How have you contributed to your community in the past?***

**Individual Contribution to Personal Growth:**

***How have you contributed to your personal and professional development in the past and how do you propose to do so for this particular opportunity?***

**Certification:**

I certify that all of the information I have included in my application is true. I understand that if I am selected for a scholarship, I will be required to submit proof of acceptance to or enrollment in the course or courses I attend. I agree that if I am selected for an award, the Scholarship Committee may use my name and/or photograph for publicity purposes. I also certify that I have read and understood the information above.

\_\_\_\_\_  
**Signature**

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

**DEADLINE: October 20, 2017 at 4:00 p.m. - Late submissions will not be accepted**  
**Please email, mail, fax or drop off your completed application to:**

**Corporate Training Administrator**  
Employee Development Branch  
4th Floor, 180 King Street  
Winnipeg, MB R3B 3G8  
Phone: 204-986-3785  
Fax: 204-986-5666  
[CorporateTraining@winnipeg.ca](mailto:CorporateTraining@winnipeg.ca)

