

Office Use Only	

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.

This section to be completed by applicant			
NAME			
☐ I waive my rights to view this reference	ce.		
I. To be completed by person giving t	the reference.		
Name of Reference:	Occupation:		
Address:	Phone:		
How long have you known the applicant?	In what way are you associated with the applicant?		
bursary. Please include comments on leaders involvement. (Note: Attach a separate sheet if	chip qualities, work experience and community more room is needed)		
Signature of Reference	Return completed form to: CUPE Local 500 203 – 275 Broadway, Winnipeg, Mb. R3C 4M6 Fax: 956-1439 or Email: union@cupe500.mb.ca (by no later than Monday, June 24, 2024)		