



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 a	pplicant
NAME	
☐ I waive my rights to view this referen	ce.
II. To be completed by person giving	the reference.
Name of Reference:	Occupation:
Address:	Phone:
How long have you known the applicant?	In what way are you associated with the applicant?
	eve the applicant should be awarded a scholarship or ship 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 23, 2025)