The James A. Whitebone Memorial Scholarship

AWARDED BY

THE NEW BRUNSWICK FEDERATION OF LABOUR

There are two scholarships of an annual value of \$500.00 each. The scholarships are for FIRST YEAR attendance at any University in the Atlantic Province or first year attendance in a two year program of the New Brunswick Community College, excepting where the desired academic program is not available in the region.

THOSE ELIGIBLE are sons and daughters, or legal wards of members and deceased members, or members in good standing, of a local union **affiliated** with the New Brunswick Federation of Labour.

BASIS OF AWARDS are graduation marks, aptitude, promise and need.

SEAL

Applications must be on the prescribed form and must be received by the secretary of the New Brunswick Federation of Labour Education Committee not later than $\mathbf{June}~\mathbf{30^t}$ of each year

Successful applicants will be notified immediately when the decision is reached by the New Brunswick Federation of Labour Education Committee and official announcement of the winners will be made by the Secretary-Treasurer of the New Brunswick Federation of Labour.

All enquiries regarding the Scholarships should be directed to: New Brunswick Federation of Labour, 96 Norwood Ave., Room 208, Moncton, N.B. E1C 6L9.

Tel: 506-857-2125 / Fax: 506-383-1597

Date ___

APPLICATION FO	OR SCHOLARSHIP	
Name in full		
Age Residence		
		— Postal Code —
		Phone
Name, residence and occupation of parent or guardian		
		— Postal Code —
Union of which parent or guardian is a member		
How many in family List the ages of the members of the fair	mily including father and mother _	
Family income for last calendar year -	Father:	\$
	Mother:	\$
	Guardian:	\$
	Applicant:	\$
	Total:	\$
If awarded a Scholarship is it your intention to enter College or other Sch State which institution you wish to attend	·	
What course do you intend taking		
Have you applied for any other Scholarship? If so, please give particulars		
Please indicate those scholarship(s) you have received to date and the am	ounts involved	
Date		
		Signature of Applicant
THE FOLLOWING DECLARATION TO BE CO OF WHICH PARENT OR O	MPLETED BY SECRETARY O GUARDIAN IS A MEMBER	F LOCAL UNION
I,	Secretary of	do
solemnly declare that	P	arent or Guardian is a member in good
standing with		
Name of Organization		
		Signature of Secretary
		Signature of Secretary