



# IORIO SCHOLARSHIP PROGRAM

(for full-time enrollment)

## RULES / REGULATIONS

To apply, you need:

**To be a continuous active member (or dependant\*) of Local 247 for the last 6 months prior to the commencement of your course.** Membership status will be verified once the application is received.

**Proof of actual registration in at least nine (9) credits (3 courses)** of post-secondary education in a degree or diploma course program at a recognized university or community college in Canada. Please submit one of the following: (a) copy of class schedule (with Student & School name on schedule); (b) a receipt confirming tuition fees have been paid for a program with a start date in the current year (receipt must show Student & School name and list of classes); OR (c) a letter from the university or college confirming current full-time registration. Letters of admission or tuition invoices will not be accepted.

**DEADLINE:** Complete applications (with supporting documentation) should be forwarded to the UFCW Local 247 Surrey Office (address below) or emailed to [scholarships@ufcw247.com](mailto:scholarships@ufcw247.com). They must be received at the Union Office **no later than September 30.**

UFCW LOCAL 247  
200 – 14936 32<sup>nd</sup> Avenue, Surrey BC V4P 3R5  
Tel: 1.800.667.2205

**NOTIFICATION:** All applications will be subject to review by the scholarship committee. Winners will be notified no later than the end of October. Applicants must be enrolled in an accredited institute as a full-time student in the same calendar year that the scholarship is awarded. Applicants who are full-time students are only eligible for the scholarship program.

**\*DEPENDANT** is defined as – a person who is your natural or adopted child, stepchild, foster child or child of a common-law spouse who is dependent on you for support. If the person is over 21 years of age, they must be in full-time attendance at an accredited institute or enrolling in that institute during the current calendar year.

# IORIO SCHOLARSHIP APPLICATION

## PART 1: APPLICANT INFORMATION (please print)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

*UFCW 247 member's info below:*

Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employee #: \_\_\_\_\_

## PART 2: SCHOLASTIC INFORMATION (please print)

Last completed year of schooling: \_\_\_\_\_

Name of last school attended: \_\_\_\_\_

Post-secondary institution at which you have been accepted for the program:

\_\_\_\_\_

Field of study: \_\_\_\_\_

This application relates to the academic year (check off appropriate one):  2022/2023  2023/2024

*I hereby certify that the above-information is correct.*

Signature of Applicant: \_\_\_\_\_ Date signed: \_\_\_\_\_

## OFFICE USE ONLY

Member since: \_\_\_\_\_ Employer: \_\_\_\_\_