CUPE NOVA SCOTIA
Rocky Jones Bursary 2019

CUPE Nova Scotia awards one $1,000.00 Rocky Jones Bursary annually for the upcoming academic year.

Eligibility:

1. A student that is an African Nova Scotian or an Indigenous Nova Scotian.
2. Applicant must be graduating or have graduated from a Nova Scotia High School and entering their first year of post-secondary education.
3. Applicant must be a member, child of, or legal ward of a member in good standing of a local union affiliated to CUPE Nova Scotia.
4. Consideration will be given to first time recipients.

Application must be complete and on the prescribed form and must be received not later than March 15th, 2019. Please note that only the winning applicant will be notified. We thank all applicants for their interest.

Decisions of the CUPE Nova Scotia Awards Committee will be final. CUPE Nova Scotia assumes no responsibility for applications lost, misdirected, or otherwise not received by the deadline. It is the applicant’s sole responsibility to ensure that the application is made correctly, legibly and received by the deadline date. Late applications will not be considered.

Confidentiality: Member data is highly confidential and must be treated as such. CUPE Nova Scotia will at all times keep confidential the affairs of the membership. The names of the successful applicants may be published in official publications and/or web site of CUPE Nova Scotia.

Applications MUST be sent to:

CUPE Nova Scotia Awards Committee
271 Brownlow Avenue
Dartmouth, NS
B3B 1W6
Fax: 902-455-5915

All inquiries regarding the bursary should be directed to:

Dianne Frittenburg
Awards Committee Chair
Email: dfritt@icloud.com
Phone: 902-521-7782
1. Name of Applicant:

____________________________________________________________________
____________________________________________________________________

Last Name First Name Middle Initial

2. Address:

____________________________________________________________________
____________________________________________________________________

Street and Number City/Town Province Postal Code

3. Telephone Number:

____________________________________________________________________
____________________________________________________________________

Home Work Other

4. Name of Parent if applicant is a dependent or ward:

____________________________________________________________________
____________________________________________________________________

Last Name First Name Middle Initial

5. Sector and Classification:

____________________________________________________________________

6. Name of CUPE Local:

____________________________________________________________________

7. Name of Post-Secondary Institution you will be attending, name of degree or diploma and what year you are entering.

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____________________________________________________________________
7. List volunteer community organizations, cultural and/or student activities or athletics you are involved in.

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8. One of the following must be submitted with the completed application form:

A written essay explaining why you are interested in obtaining this Bursary and explaining how Dr. Jones’ activism inspires your future plan of study.

OR

A YouTube video, infographic, visual art or song on the topic noted above. Songs must be submitted on a CD labeled with your name.

9. A letter of reference from a Principal, Counselor, student support worker, or community member must be submitted with this application.

10. I am an African Nova Scotian Student  YES _____  NO _____
    I am an Indigenes Nova Scotian Student  YES _____  NO _____

I certify that the foregoing statements and information is complete to the best of my knowledge and hereby give authorization to CUPE Nova Scotia to verify any information given on this application and permission to publish my name and picture in their newsletter and website/social media.

Signature of Applicant: ___________________________ Date: ________________

I certify that the foregoing statements and information is complete to the best of my knowledge and hereby give authorization to CUPE Nova Scotia to verify any information given on this application.

Signature of Applicant Parent: ___________________________ Date: ________________