

2025 Scholarship Application Form – Commercial Bakeries

Please note: Send a copy of the enrollment letter along with the scholarship application form via email at scholarship@unifor6006.com

PLEASE INDICATE CLEARLY – IS THIS A SKILLED TRADE APPLICATION - (Yes or No) _____

Applicant's Information:

Applicants Name: _____
(Surname) (First /Given Name)

Date Of Birth: _____ (mm/dd/yyyy)

E-Mail Address: _____

Home/Cell Phone Number: _____

Address: _____
(Apt # or House #) (Street Address)

(City) (Province) (Postal Code)

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I am a member of Unifor Local 6006

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My parent is a member of Unifor Local 6006

If you are applying as the child of a member, please provide your parent's/guardian's information:

Name: _____

Address: _____

(Complete Address)

Applicant's Academic Information:

High School: _____

High School Gradation: (mm/dd/yyyy): _____

Provide the post secondary institution name you are enrolled in:

Address of the institution you are enrolled in:

Duration of your programme: _____ (Years)

What is the level of your programme: _____ (e.g. 1st year, 2nd year etc.)

Year you graduate: _____

I _____ hereby certify that all the information provided in this application is true, complete, and accurate to the best of my knowledge.

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By submitting this application, I hereby consent to the publication by Unifor Local 6006 of my name as a recipient of a 2025 Unifor Local 6006 scholarship should my application be successful.

Signature of Applicant: _____

Date: _____ (mm/dd/yyyy)

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