



# 2012 CEP SCHOLARSHIP APPLICATION FORM

(Please complete in FULL and return by **April 20, 2012**)

Please **complete in full** and in **BLOCK** letters

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ INITIALS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

\_\_\_\_\_ CELLULAR: \_\_\_\_\_

\_\_\_\_\_ OTHER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

NAME OF PARENT OR GUARDIAN MEMBER OF CEP LOCAL UNION AND EMPLOYER:

\_\_\_\_\_ CEP LOCAL # : \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

PLEASE SUMMARIZE YOUR PLANS FOR FURTHER EDUCATION:

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**This application form MUST be signed by an officer of the CEP Local mentioned above.**

\_\_\_\_\_  
CEP LOCAL UNION OFFICER LOCAL TELEPHONE DATE  
(Please print)

\_\_\_\_\_  
SIGNATURE

**REMINDER: PLEASE REMEMBER TO ATTACH YOUR MOST RECENT SCHOOL TRANSCRIPT AND ESSAY TO THIS FORM AND MAIL TO THE ATTENTION OF: Irene Lafontaine, 301 Laurier Avenue West, Ottawa, ON K1P 6M6 or by fax: 613-230-5801 or by e-mail to: [ilafontaine@cep.ca](mailto:ilafontaine@cep.ca).**

