

DEADLINE: November 29, 2010

HSA SCHOLARSHIP APPLICATION FORM

2011 CLC WINTER SCHOOL

Note: Applications are ranked by the Education Committee, based on information provided by applicants. Please complete carefully.

Your Name: _____

Address: _____

_____ P/Code: _____

Telephone: (Home) _____ (Work) _____

E-mail address: _____ HSA Region: _____

Employer: _____

Occupation: _____

Emergency contact: name: _____ phone: _____

Which course(s) are you applying for: *(see bulletin for courses and dates)*

1st choice: Course Name _____ Week: _____

2nd choice: Course Name _____ Week: _____

For courses with prerequisites, state how you meet the prerequisites:

Have you attended the CLC Winter School on an HSA Scholarship in the past three years?

- no
- yes - not eligible

Please list any HSA positions you currently hold:

Please list past HSA positions you have held, if any, in the past three years:

How many HSA Annual Conventions and regional meetings have you attended in the past three years?

Please list any HSA educational courses you have taken:

Please list any other HSA events have you participated in or attended:

Please list any other labour-oriented courses you have taken:

Please list your involvement in labour/community/professional activities.

Please give a statement of why you are interested in attending the CLC Winter School:

Current hourly wage rate: \$ _____

Transportation Costs (rough estimate): \$ _____

Dependent Care Costs (over and above your usual costs): \$ _____

Would you like to bring your child/children to Winterschool? yes no

Please note: Members attending a previous CLC Winter School within the last three years are not considered, unless the course applied for represents a further step in a series of progressive levels in a single topic.

Are you applying for the Ann Hallman Scholarship? yes no

If yes, is essay attached? yes no

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Members must notify the HSA office in advance of cancellations and late changes to avoid no-shows. Members are responsible for any costs HSA is not able to recover. When emergency circumstances prevent a member from providing advance notice, the member shall submit a written explanation to the HSA office for consideration.

HSA is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form you are consenting to have the HSA use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members.