

business weeks.

SCHOLARSHIP GUIDELINES

Effective September 1, 2022

Gen	neral Information								
	If received <u>after</u> 90 days, applications will be denied. Incomplete or missing required documentation will be requested or the application may be denied.								
	T4As are issued by February 28 of the next calendar year as scholarships are taxable as income to the recipient under CRA rules.								
	Scholarships for post-secondary programs will be available for a lifetime maximum of <u>two</u> terms per student of an ECECAF member. Students must be under 25 years of age at the start date of each of two scholarship terms.								
	Scholarships for apprenticeship programs will be considered to a lifetime maximum of <u>four</u> periods. Proof of payment of actual tuition fees is required.								
	The Board has the right to consider extenuating circumstances that do not fall within these guidelines on a "without prejudice" basis.								
Stu	dent Information								
	"Student" is defined as the child of an ECECAF member who is attending post-secondary education at a designated institution, including apprenticeships.								
	The student must be under 25 years of age at the start date of the scholarship term. The student is to have completed the term as a full-time student. Full-time status is defined as no less than three post-secondary level								
	courses/nine credits in a term (in accordance with CRA rules). Social Insurance Number must be included as a T4A will be issued.								
	Enter a current and valid email address as the applicant and parent may be notified via email regarding the application.								
	Pronoun is optional e.g., she/her, he/him, they/them								
Par	ent Information								
	"Parent" is defined as including legal guardian and step-parent.								
	The student's parent (to a maximum of two) is a current contributing, retired, or deceased member of: CEMA, EFFU Local 209, CUPE Local 30, ATU Local 569, Unifor (formerly CEP) Local 829, IBEW Local 1007, Senior Police Officers Association, UNA Local 196, or AMNUA – Alberta Health Services.								
	The student's parent(s) has been contributing to Edmonton Civic Employees Charitable Assistance Fund for twelve (12) consecutive months								
	prior to the start date for each of the two scholarship terms (unless retired or deceased). Employment status is to be circled: FT for full-time, PT for part-time, LTD for long term disability, retired, or deceased. (Retired is as defined by the member employer and/or union/association.)								
	Casual employees must contribute for 12 consecutive months prior to the start date for each of the two scholarship terms and have contributed a minimum of \$100 within that time frame; otherwise, scholarship application approval will be determined upon board review.								
Edu	cation Information								
	The full name of the post-secondary educational institution is required, and if outside Alberta, the address must be included.								
	Visit www.ececaf.ca for the current scholarship amount per term per student of an ECECAF member.								
	Scholarships for co-op programs will be considered at the discretion of the board.								
_ '	uired Supporting Documentation								
	A copy of each of the following is required to accompany the Scholarship Application form. Failure to do so will delay the process and the student may be denied scholarship funding:								
	 □ Government issued photo identification e.g., Driver's License or Passport □ Term/period final marks from the post-secondary institution must clearly state student name, school, and term/period 								
	□ Proof of tuition paid must clearly state student name, school, term/period								
Req	uired Signatures								
	The student must sign the application form								
	The contributing member parent(s) must sign the application form								
	al Steps								
	After completing the application form, double check for completeness using these Scholarship Guidelines. Send the completed application form and required documentation to the address at the bottom of the application form. Allow for postal								
	service time and must be post-marked on/before the application deadline. Allow 4-6 business weeks for processing from the time of <u>complete</u> application submission. If it's peak time, processing may take up to 8								

SCHOLARSHIP APPLICATION

Office File #:

Application Deadline:

Applications received after 90 days of term completion will be denied.
Incomplete applications will be delayed or returned.
Fall (September) term deadline is the following March 31
Winter (January) term deadline is the following July 31

This application is for (check one):										
☐ 1 st Scholarship Term ☐			Period 1 Appren	tice	☐ Period 3 Apprentice					
☐ 2 nd Scholarship Term*			Period 2 Appren	tice		Perio	d 4 Apprentice			
* NEW: Not required to be consecutive to 1st Scl										
	RMATION – CHILL	O OF	CONTRIBUTING I	ECECAF MEME		15	.,			
Name (First Middle Last) Pronoun (O							onal)			
6 : 11	- "									
Social Insurance Number (Required for T4A)	Email Address			Phone Number						
Home Address		City, Province	Postal Code			Postal Code				
Date of Birth (dd/mm/yyyy)		Age at Start Date of Scholarship Term (must be under 25 years of age)								
PARENT INFORMATION – CONTRIBUTING ECECAF MEMBER										
Name (First Last) Email Address			Phone Number							
Employer	Union/Association Payroll Numbe		Payroll Number	Employment Status (circle one): FT PT Casual LTD Retired Deceased						
If applicable, Second Parent Contributor Name	pplicable, Second Parent Contributor Name Union/Association			Employment Status (circle one): FT PT Casual LTD Retired Deceased						
EDUCATION INFORMATION										
Post-Secondary Institution Name and, if outside of			Faculty/Program							
Student ID/Registration Number Term Start Date (dd/r			n/yyyy) Term End Date (dd/mm/yyyy)							
REQUIRED SUPPORTING	DOCUMENTATIO	N M	UST BE INCLUDED	O - COPIES NO	T ORIG	iINALS				
REQUIRED SUPPORTING DOCUMENTATION MUST BE INCLUDED - COPIES NOT ORIGINALS Government issued photo identification e.g., Driver's License or Passport Final marks of term/period issued by the post-secondary institution - including student name, school, and term/period (does not need to be official transcript) Proof of tuition paid including student name, school, and term/period										
	REQUIRE	D SIG	GNATURES							
I confirm the information herein is complete and accurate. I understand the information provided by me to ECECAF about										
myself will be used to process this request for scholarship funding and the issuance of a T4A to the student.										
Student Signature:	Con	Contributing Parent(s) Signature:								
Date:	Date:									
Cond completes	Landication form a	— <u>—</u>			<u> </u>					

Send completed application form and required supporting documentation to:

Fund Administrator Edmonton Civic Employees Charitable Assistance Fund PO Box 389 St Albert AB T8N 7A2

OFFICE USE ONLY:

RECEIVED			DATA ENTERED	DATE PAID	
APPROVED AMOUNT	DENIED	INCOMPLETE	RETURN OR EMAIL	INC INFO RECEIVED	