

Supplementary Benefit Trust Fund

'SECOND DEGREE' EDUCATIONAL BURSARY AWARD

16214 - 118 Avenue - Edmonton, Alberta T5V 1M6

Phone: 780.452.7080 Fax: 780.452.1291

www.local488.ca



UA LOCAL UNION 488

• • • INCOMPLETE APPLICATIONS WILL BE DELAYED - PLEASE PRINT CLEARLY • • •

SPONSORING MEMBER	NAME		SIN	
	ADDRESS			
	CITY	PROVINCE	POSTAL CODE	
	HOME PH. # ()		CELL PH. # ()	
	IS THE APPLICANT YOUR DEPENDENT AS STIPULATED BY THE INCOME TAX ACT OF CANADA?			YES <input type="checkbox"/> NO <input type="checkbox"/>
	IS THE APPLICANT A RECOGNIZED DEPENDENT UNDER THE HEALTH & WELFARE PLAN WITH EDMONTON PIPE INDUSTRY?			YES <input type="checkbox"/> NO <input type="checkbox"/>
	HAVE YOU CONTRIBUTED A MINIMUM OF 300 HUNDRED HOURS TO THE SBTf FUND WITHIN 24 MONTHS OF THE DATE OF THIS APPLICATION? <small>If 'NO' - please attach a letter explaining why</small>			YES <input type="checkbox"/> NO <input type="checkbox"/>

X

Member's Signature

Date

STUDENT	NAME		SIN
	ADDRESS		
	CITY	PROVINCE	POSTAL CODE
	HOME PH. # ()		CELL PH. # ()
	BIRTH DATE	GENDER	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
YEAR COMPLETED & ARE APPLYING FOR	NAME OF UNIVERSITY		
	FACULTY/PROGRAM	STUDENT NUMBER	
	SCHOOL START DATE FOR YEAR	SCHOOL END DATE FOR YEAR	
	YEAR OF PROGRAM ATTENDED	LENGTH OF PROGRAM	
	DID YOU OBTAIN A PASSING GRADE AND COMPLETE THE YEAR?		

X

Student's Signature

Date

OFFICE USE ONLY	MEMBER'S DUES PAID TO		DATE OF GOOD STANDING			
	APPLICATION APPROVED YES <input type="checkbox"/> NO <input type="checkbox"/> REASON APPLICATION WAS DENIED					
	FALL	\$	WINTER	\$	TOTAL TUITION PAID	\$
	SPRING	\$	SUMMER	\$	CALCULATION	\$
	ENDS ENTITLEMENT YES <input type="checkbox"/> NO <input type="checkbox"/>		MAXIMUM AMOUNT YES <input type="checkbox"/> NO <input type="checkbox"/>		APPROVED AMOUNT	\$

Date Received

Date Approved

[SECTION 1]

BURSARIES

By-Laws and Working Rules Members Benefits

~ Second Degree Bursaries effective December 2003 ~

Bursaries will be made available to Journeyman and Apprentice Members of the Local Union or their dependent children providing:

The claimants for Advanced Education Bursaries are in full time attendance at any accredited Post Secondary Education Facility. Full time means full time as defined by the accredited facility.

All claims must be made within twenty-four (24) months of registration.

The claimant must successfully complete the semester or term year attended.

JOURNEYMAN MEMBERS: In order to qualify must be members in good standing of the Local Union for a period not less than one (1) year from the date of application.

APPRENTICE MEMBERS: In order to qualify, must...

- (i) Have completed the second year of their apprenticeship program.
- (ii) Be a member in good standing of the Local Union for one (1) year.
- (iii) Have satisfied the Trustees that neither the apprenticeship contract nor the post secondary program is in jeopardy of default.

SCHEDULE OF PAYMENT: The value of bursary maximums will be established as follows:

- (i) University Post 'Second Degree' programs - \$2000.00 per term year. [\$3000.00 maximum amount - effective 05/2004]

BURSARIES OUTSIDE ALBERTA: Bursaries for attendance at accredited post secondary facilities outside the Province of Alberta will be reimbursed to the maximum outlined in Clause 1.08 - Schedule of Payment.

APPLICATIONS: All applications must be made on authorized forms provided for by the Trustees and must:

- (i) Be addressed to the Local Union 488 Supplementary Benefit Trust Fund c/o the Local Union Office.
- (ii) Be accompanied by a duplicate copy of the claimants birth certificate, official transcripts of term year marks, proof of completion and duplicate receipt(s) for tuition fees. [NOTE: receipts are no longer accepted - must submit 'Confirmation of Tuition' Expense Form - effective 05/2004]

The Supplementary Benefit Trust Fund will only reimburse up to completion of **ONE** (1) Post Secondary Educational Program.

No member shall be eligible for Supplementary Benefit Trust Fund benefits unless that member has had a minimum of three hundred (300) hours of contributions remitted on his/her behalf by a contributory employer within twenty-four (24) months of the date of application to the Supplementary Benefit Trust Plan.

YOUR CHECK LIST

Did you remember to submit the following documents with your application?

Official Transcripts
photocopy

Confirmation of Tuition Expense Form
to be completed by the school attended - MUST HAVE!

Birth Certificate
photocopy

T4A's are issued for all bursary awards - please notify the office when you have a change of mailing address - your notification will assist us in keeping our records current. Thank you.