



# SUPPLEMENTARY BENEFIT TRUST FUND 'UNDERGRADUATE' EDUCATIONAL BURSARY AWARD

16214 - 118 Avenue - Edmonton, Alberta T5V 1M6

Phone: 780-452-7080 Fax: 780-452-1291

www.local488.ca

➤ **INCOMPLETE APPLICATIONS WILL BE DELAYED - PLEASE PRINT CLEARLY** ◀

<b>SPONSORING MEMBER</b>	NAME			SIN		
	ADDRESS					
	CITY		PROVINCE		POSTAL CODE	
	HOME #			CELL #		
	IS THE APPLICANT A RECOGNIZED DEPENDENT UNDER THE HEALTH & WELFARE PLAN WITH EDMONTON PIPE INDUSTRY?    YES    NO					
	HAVE YOU CONTRIBUTED A MINIMUM OF 300 HUNDRED HOURS TO THE SBTf FUND WITHIN 24 MONTHS OF THE DATE OF THIS APPLICATION?    YES    NO <i>If 'NO' - please attach a letter explaining why</i>					

X \_\_\_\_\_

MEMBER'S SIGNATURE

DATE

<b>STUDENT</b>	NAME			SIN								
	ADDRESS											
	CITY		PROVINCE		POSTAL CODE							
	HOME #			CELL #								
	BIRTH DATE			GENDER    MALE    FEMALE								
<b>YEAR COMPLETED &amp; ARE APPLYING FOR</b>	NAME OF UNIVERSITY/COLLEGE											
	FACULTY/PROGRAM			STUDENT NUMBER								
	SCHOOL START DATE FOR YEAR		MONTH	YEAR	SCHOOL END DATE FOR YEAR		MONTH	YEAR				
	YEAR OF PROGRAM ATTENDED		1st	2nd	3rd	4th	LENGTH OF PROGRAM		1yr	2yrs	3yrs	4yrs
	DID YOU OBTAIN A PASSING GRADE AND COMPLETE THE YEAR?    YES    NO <i>If 'NO' - please attach a letter explaining why</i>											

X \_\_\_\_\_

STUDENT'S SIGNATURE

DATE

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

DATE RECEIVED

DATE APPROVED

**{ SECTION 1 }**  
**BURSARIES**  
**BYLAWS AND WORKING RULES**  
**MEMBERS' BENEFITS**

~ REVISED NOVEMBER 2019 ~

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

- 1.01 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.
- 1.02 All claims must be made within twenty-four (24) months of registration.
- 1.03 The claimant must successfully complete the term year attended.
- 1.04 **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.
- 1.05 **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.
- 1.06 **DEPENDENT CHILDREN**, in order to qualify must:
  - (i) Maintain single status.
  - (ii) Must be under 25 years of age and/or have commenced their chosen program before attaining the age of twenty-five (25) years or have commenced their program within three (3) years of completing their secondary education, whichever shall first occur.
- 1.07 **DEPENDENT CHILDREN OF DECEASED MEMBERS:**  
In the event of the death of a member in good standing of the Local Union, bursaries may be granted to their dependent children providing the spouse has not remarried.
- 1.08 **SCHEDULE OF PAYMENT** - The value of bursary maximums have been established as follows:
  - (i) 2 year diploma programs at recognized post secondary institutions - \$900.00 per term year. (\$1800.00 maximum amount)
  - (ii) University degree or equivalent programs - \$1675.00 per term year. (\$3350.00 maximum amount)
  - (iii) Recognized specialty institutions - i.e. computer colleges, hair dressing schools, etc. - \$900.00 per term year. (\$1800.00
- 1.09 **BURSARIES OUTSIDE OF 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.
- 1.10 **APPLICATIONS**  
All applications must be made on authorized forms provided 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 claimant's birth certificate, official transcript of term year marks, proof of completion and duplicate receipt(s) for tuition fees.
- 1.11 The Supplementary Benefit Trust Fund will only reimburse up to completion of **ONE (1)** Post-Secondary Educational Program.

**THE '300 HOUR' RULE**

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 Trust Fund Benefit Plan.

**DID YOU REMEMBER TO SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION?**

- 1) OFFICIAL TRANSCRIPTS
- 2) CONFIRMATION OF TUITION EXPENSE FORM *TO BE COMPLETED BY THE SCHOOL ATTENDED - MUST HAVE!!*
- 3) BIRTH CERTIFICATE *PHOTOCOPY*

**T4A'S ARE ISSUED FOR ALL BURSARY AWARDS - PLEASE NOTIFY THE OFFICE WHEN YOU HAVE A CHANGE OF ADDRESS - THIS WILL ASSIST US IN KEEPING YOUR RECORDS CURRENT. THANK YOU.**



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## CONFIRMATION OF TUITION EXPENSE

**DO NOT SUBMIT SCHOOL RECEIPTS OR TAX RECEIPTS**

➤ **MUST BE COMPLETED IN FULL - PLEASE PRINT CLEARLY - ONE FORM PER COMPLETED SCHOOL YEAR** ◀

This form is to be completed by an Administrator within the Registrar's Office of the school you attended. The completion of this form is to verify the accurate amount of Tuition charged for the school year you have completed and are making a Bursary Application for.

Failure to complete this form will result in a delay of processing your application and perhaps the refusal of a Bursary Award.

Thank you for your cooperation.

<b>STUDENT</b>	FIRST NAME	LAST NAME
	SIN	STUDENT NUMBER
	HOME #	CELL #
	SPONSORING MEMBER'S FULL NAME	

X \_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE

<b>SCHOOL INFORMATION</b>	NOTE: PLEASE INDICATE THE COMPLETED SEMESTERS AS FALL, WINTER, SPRING OR SUMMER. EXCLUDE TUITION FOR COURSES <b>WITHDRAWN</b> FROM		
	NAME OF SCHOOL ATTENDED		
	FACULTY / PROGRAM		
	SEMESTER	YEAR	TUITION EXPENSE
	SEMESTER	YEAR	TUITION EXPENSE
	SEMESTER	YEAR	TUITION EXPENSE
	SEMESTER	YEAR	TUITION EXPENSE
TOTAL # OF SEMESTERS COMPLETED FOR THE YEAR		TOTAL TUITION EXPENSE	
<b>NB</b>	<b>ADMINISTRATOR - INSTRUCTIONAL FEES ONLY</b> STUDENT, LAB, BOOK, HOUSING, ATHLETIC, HEALTH FEES ETC. ARE <b>NOT TO BE INCLUDED</b>		
BURSARIES ARE BASED ON THE TOTAL AMOUNT OF TUITION PAID BY THE STUDENT. SUPPORT BY STUDENT LOAN FOR TUITION SHOULD BE INCLUDED IN THE TOTAL AS THE STUDENT IS RESPONSIBLE FOR REPAYING THE LOANED MONEY.			

This is to confirm that the following **tuition** expenses were paid for the indicated semesters by the above noted student.

X \_\_\_\_\_  
ADMINISTRATOR'S SIGNATURE (MUST BE SIGNED)

**MUST BE STAMPED**

  
  
  
  
  
  
  
  
  
  

**Registrar's Stamp or School Stamp**

NAME (PLEASE PRINT)	
OFFICE #	DATE