

SUPPLEMENTARY BENEFIT TRUST FUND

'UNDERGRADUATE' EDUCATIONAL BURSARY AWARD

16214 - 118 Avenue - Edmonton, Alberta T5V 1M6
Phone: 780-452-7080 Email: stacey.burry@local488.ca
www.local488.ca

	<u>> INCC</u>	OMPLETE APPLIC	ATIONS W	VILL BE	DELA	TED - PI	LEASE PRINT CI	LEARLY <	
	NAME						SIN		
<u>5</u>	ADDRESS								
)RIN 3ER	CITY			PROVING	Œ		POSTAL CODE		
NS(EME	HOME#			CELL	#				
SPONSORING MEMBER	Is the applicant a recog	nized dependent under the	e Health & We	elfare plan	with Edmo	nton Pipe In	ndustry?	YES	NO
	Have you contributed a	minimum of 600 hundred	hours to the S IO' - please	BTF Fund	within 24	months of the	ne date of this application	n? YES	NO
			ro picasi	o attaon	a lottor	σχριαιτιι	ig wily		
X MEN	MBER'S SIGNATURE					DATE			
	NAME						SIN		
П	ADDRESS								
STUDENT	CITY			PROVING	E		POSTAL CODE		
STU	HOME#			CELL	#				
	BIRTH DATE					GENDER	MALE	FEMALE	<u> </u>
D SR	NAME OF UNIVERSITY/	COLLEGE				I			
YEAR COMPLETED & ARE APPLYING FOR	FACULTY/PROGRAM				STUDE	NT NUMBER	₹		
OMP	SCHOOL START DATE F	FOR YEAR MONTH	YEAR		SCHOOL	END DATE	FOR YEAR MONTH	YE	AR
AR C RE AI	YEAR OF PROGRAMATT	TENDED 1st 2nd	3rd	4th	LENGTH	OF PROGR	AM 1yr 2yrs	s 3yrs	4yrs
YE & A	Did you obtain a passir	ng grade and complete th	e year? YE	S	NO	If 'NO	' - please attach a	a letter expl	aining why
X									
	DENT'S SIGNATURE					DATE			
	MEMBER'S DUES PAID 1	ТО		DA	TE OF GOO	DD STANDING	G		
IJ.	APPLICATION APPROVI	ED YES NO RE	EASON APPLIC	CATION WA	AS DENIED)			
OFFICE USE ONLY	FALL	\$	WINTER		\$		TOTAL TUITION PAID	\$	
9	SPRING	\$	SUMMER		\$		CALCULATION	\$	
	ENDS ENTITLEMENT	YES NO	MAXIMUM A	MOUNT	YES	NO	APPROVED AMOUNT	\$	
DATE R	ECEIVED			7 [DATE AP	PROVED			

{SECTION 1 } BURSARIES

BYLAWS AND WORKING RULES MEMBERS' BENEFITS

~ REVISED January 2024 ~

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 and reimbursement for only passed and completed courses per term will be considered.
- 1.04 **JOURNEYMAN MEMBERS**, in order to qualify, must be members in good standing of the Local Union for a period not less than 24 months 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 twenty-four (24) months.
 - (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.

1.08 **SCHEDULE OF PAYMENT** - The value of bursary maximums will be established on an annual basis by the Trustees and communicated to the membership through the Local 488 newsletter and website (www.local488.ca).

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. Outside of Canada will require special review.

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, the 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 be reimbursed upon completion of ONE (1) Post-Secondary Educational Program.

THE 600 HOUR' RULE

No member shall be eligible for Supplementary Benefit Trust Fund benefits unless that member has had a minimum of six hundred (600) 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. Effective January 1, 2024, (we will grandfather the bursaries from 2023).

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.

SBTF 11/2019 1/2



SUPPLEMENTARY BENEFIT TRUST FUND **EDUCATIONAL BURSARY AWARD**

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 in processing your application and perhaps the refusal of a Bursary Award. Thank you for your cooperation.

	FIRST NAME	LAST NAME		
ENT	SIN	STUDENT NUMBER		
STUDI	HOME #	CELL#		
(O)	SPONSORING MEMBER'S FULL NAME			
<u>x</u>	STUDENT'S SIGNATURE	DATE		
	·	rd semesters as Fall, Winter, Spring, or Summer.		
INFORMATION	NAME OF SCHOOL ATTENDED	COURSES WITH ENVIRON		
MA	FACULTY / PROGRAM			
FOR	SEMESTER YEAR	TUITION EXPENSE		
Z	SEMESTER YEAR	TUITION EXPENSE		
SCHOOL	SEMESTER YEAR	TUITION EXPENSE		
3CH	SEMESTER YEAR	TUITION EXPENSE		
O)	TOTAL # OF SEMESTERS COMPLETED FOR THE YEAR	TOTAL TUITION EXPENSE		
<mark>NB</mark>		RUCTIONAL FEES ONLY HEALTH FEES ETC. ARE NOT TO BE INCLUDED		
	Bursaries are based on the total amount of tuition paid by the student. Supstitudent is responsi	oport by student loan for tuition should be included in the total as the ble for repaying the loaned money.		
his is	to confirm that the following $\underline{\text{tuition}}$ expenses were paid for the ind	licated semesters by the above-noted student.		

X		
ADMINISTRATOR'S SIGNATURE	(MUST BE SIGNED)	
NAME (PLEASE PRINT)		
OFFICE #	DATE	

Any questions or concerns, please contact the SBTF administrator at 780-452-7080 // 16214 118 Avenue NW, Edmonton, AB T5V 1M6