



# SUPPLEMENTARY BENEFIT TRUST FUND 'UNDERGRADUATE' EDUCATIONAL BURSARY AWARD

16214 - 118 Avenue - Edmonton, Alberta T5V 1M6  
 Phone: 780-452-7080 Email: stacey.telford@local488.ca  
 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 600 hundred hours to the SBTF Fund within 24 months of the date of this application? <i>If 'NO' - please attach a letter explaining why</i>					YES	NO

**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

*If 'NO' - please attach a letter explaining why*

**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 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](http://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.**



# 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.

<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 WITHDRAWN 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)

NAME (PLEASE PRINT)	
OFFICE #	DATE

**MUST BE STAMPED**

  
  
  
  
  
  
  
  
  
  

**Registrar's Stamp or School Stamp**

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