

**2008  
DEAN MCINTYRE  
MEMORIAL  
SCHOLARSHIP  
AWARD**

**Applications will be received at the  
United Food and Commercial Workers  
Local 1400 office until June 30, 2008**



**DEAN MCINTYRE MEMORIAL SCHOLARSHIP AWARD  
FOR POST-SECONDARY EDUCATION**

UFCW Local 1400 is pleased to announce the **DEAN MCINTYRE MEMORIAL SCHOLARSHIP** for post-secondary education.

There will be **ONE (1) - \$500** scholarship awarded to a member (or their spouse or child) employed at XL Foods in Moose Jaw, SK.

Please submit your application for consideration to the Saskatoon office by **June 30, 2008**:

UFCW Local 1400  
Attention: Kathryn Goodwin  
1526 Fletcher Road  
Saskatoon, SK S7M 5M1

The decision of the adjudicators will be made shortly after that.

If you have any questions regarding the scholarship, please call Kathryn at 384.5787, outside of Saskatoon call toll free 1.800.274.4036 or email your questions to [kathryn@ufcw1400.ca](mailto:kathryn@ufcw1400.ca).

**GOOD LUCK TO ALL APPLICANTS!**



# DEAN MCINTYRE MEMORIAL SCHOLARSHIP 2008 APPLICATION

*This information must be completed and returned to UFCW Local 1400  
(1526 Fletcher Rd, Saskatoon, SK S7M 5M1) Attention: Kathryn Goodwin*

All information will be treated confidentially

## Section 1

### Personal Information

Applicant's Name \_\_\_\_\_ Birth Date (dd/mm/yyyy) \_\_\_\_\_

Workplace \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

If the Applicant is not the Member, please complete:

Member's Name \_\_\_\_\_

Member's Workplace & Department \_\_\_\_\_

Member's Date of Hire (mm/yyyy) \_\_\_\_\_

Applicant's relationship to the Member \_\_\_\_\_

Are you applying for a *member scholarship* **or** *as the child of a member* for the scholarship?  
(Circle one.)

Applicant's (when Applicant is the Member) approximate date of membership in UFCW Local 1400: \_\_\_\_\_

Highest grade completed: \_\_\_\_\_ Year \_\_\_\_\_

Outline any past Post-Secondary education (ie) Course, duration, and number of years attended \_\_\_\_\_

\_\_\_\_\_

What College or University are you planning to attend? \_\_\_\_\_

What course of study have you decided to follow? \_\_\_\_\_

\_\_\_\_\_

Full time ( )                      Part time ( ) course.

Please list classes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date classes begin: \_\_\_\_\_                      Hours per week: \_\_\_\_\_

Length of program(s)/studies: \_\_\_\_\_

**Section 2**  
Statement of Confirmation

Please submit a copy of your **confirmation of enrollment letter** into the college or university you will be attending with this application. If you are unable to provide confirmation at this time, please check here \_\_\_\_\_ .

**Section 3**  
Statement of Marks

Please submit your **latest** Grade Twelve marks and your **latest** Post Secondary marks, if applicable, with this Application.

If you are a Post-Secondary student and unable to supply your Grade Twelve marks, what was your final Grade Twelve average? \_\_\_\_\_

If you did not complete Grade Twelve, and are entering College or University as a mature student or special admission, please submit, if possible, what marks you have and check here: \_\_\_\_\_

**Section 4**  
Release

**To qualify for this Scholarship Award, please complete the following release and condition form.**

*In accepting this Scholarship Award, I understand and agree to the following terms and conditions:*

- 1) The Advisory Committee will be the adjudicators of Scholarship Awards presented by UFCW Local 1400, and I hereby agree that their decision is final and binding, not subject

to appeal.

- 2) I, the applicant, will allow or supply (as requested) my picture to be taken for publication in the *Focus* magazine and/or on the Local 1400 website.
- 3) I, the applicant, will attend the presentation meeting, the date of which will be forwarded to me by phone or mail.
- 4) I, the applicant, am a member in good standing with the UFCW Local 1400, **or** applicant's parent/guardian is a member in good standing. (Please circle the appropriate statement.)
- 5) I, the applicant, will make every attempt to complete the course(s) that I am taking.

***I declare that the information given and statements made in this application are true.***

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**The Education Committee reserves the right to reject applications which are incomplete.**

Please note: Unsuccessful applicants will not be contacted,  
nor will their information be returned.



**Thank you for your application.**