

CUPE NOVA SCOTIA Rocky Jones Bursary 2020

CUPE Nova Scotia awards one \$1,000.00 Rocky Jones Bursary annually for the upcoming academic year.

Eligibility:

- 1. A student that is an African Nova Scotian or an Indigenous Nova Scotian.
- 2. Applicant must be graduating or have graduated from a Nova Scotia High School and entering their first year of post-secondary education.
- 3. Applicant must be a member, child of, or legal ward of a member in good standing of a local union affiliated to CUPE Nova Scotia.
- 4. Consideration will be given to first time recipients.

Application must be complete and on the prescribed form and must be received not later than March 15th, 2020. Please note that only the winning applicant will be notified. We thank all applicants for their interest.

Decisions of the CUPE Nova Scotia Awards Committee will be final. CUPE Nova Scotia assumes no responsibility for applications lost, misdirected, or otherwise not received by the deadline. It is the applicant's sole responsibility to ensure that the application is made correctly, legibly and received by the deadline date. **Late applications will not be considered.**

Confidentiality: Member data is highly confidential and must be treated as such. CUPE Nova Scotia will at all times keep confidential the affairs of the membership. The names of the successful applicants may be published in official publications and/or web site of CUPE Nova Scotia.

Applications **MUST** be sent to:

CUPE Nova Scotia Awards Committee 271 Brownlow Avenue Dartmouth, NS B3B 1W6

Fax: 902-455-5915

All inquiries regarding the bursary should be directed to:

Dianne Frittenburg
Awards Committee Chair
Email: dfritt@icloud.com
Phone: 902-521-7782



CUPE Nova Scotia Rocky Jones Bursary 2020 APPLICATION FORM

| 1. | Name of Applicant: | | | | |
|----|---|---|------------|----------------|--|
| | Last Name | Ī | First Name | Middle Initial | |
| 2. | Address: | | | | |
| | Street and Number | City/Town | Province | Postal Code | |
| 3. | Telephone Number: | | | | |
| | Home | Work | | Other | |
| 4. | Name of Parent if applicant | f Parent if applicant is a dependent or ward: | | | |
| | Last Name | ſ | First Name | Middle Initial | |
| 5. | Sector and Classification: | | | | |
| 6. | Name of CUPE Local: | | | | |
| 7. | Name of Post-Secondary Institution you will be attending, name of degree or diploma and what year you are entering. | | | | |
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| | List volunteer community organizations, cultural and/or student activities or athletics you are involved in. | | | | | |
|--|---|--|---|--|--|--|
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| 8. | One of the following must be submitted wit | h the completed a | pplication form: | | | |
| | A written essay explaining why you are interested in obtaining this Bursary and explaining of Dr. Jones' activism inspires your future plan of study. | | | | | |
| | OR | | | | | |
| | YouTube video, infographic, visual art or song on the topic noted above. Songs must be ubmitted on a CD labeled with your name. | | | | | |
| 9. A letter of reference from a Principal, Counselor, student support worker, or community member must be submitted with this application. | | | | | | |
| | I am an African Nova Scotian Student I am an Indigenes Nova Scotian Student | YES YES | NO NO | | | |
| I certi knowl given and w | fy that the foregoing statements and informatio edge and hereby give authorization to CUPE Non this application and permission to publish nebsite/social media. | n is complete to the lova Scotia to verify ny name and picture | e best of my vany information e in their newsletter | | | |
| Signature of Applicant: Date: | | | | | | |
| | | | | | | |
| knowl | fy that the foregoing statements and informatio edge and hereby give authorization to CUPE Non this application. | n is complete to the lova Scotia to verify | best of my any information | | | |
| Signa | ture of Applicant Parent: | | Date: | | | |