## THE JAMES A. WHITEBONE MEMORIAL SCHOLARSHIP

Awarded by



There are two scholarships of an annual value of \$500.00 each. The scholarships are for FIRST YEAR attendance at any University in the Atlantic Province or first year attendance in a two year program of the New Brunswick Community College, excepting where the desired academic program is not available in the region.

THOSE ELIGIBLE are children, or legal wards of members and deceased members, or members in good standing, of a local union **affiliated** with the New Brunswick Federation of Labour.

BASIS OF AWARDS are graduation marks, aptitude, promise and need.

Applications must be on the prescribed form and must be received by the staff of the New Brunswick Federation of Labour Education Committee not later than  $June~30^{th}$  of each year

Successful applicants will be notified immediately when the decision is reached by the New Brunswick Federation of Labour Education Committee and official announcement of the winners will be made by the Secretary-Treasurer of the New Brunswick Federation of Labour.

All enquiries regarding the Scholarships should be directed to:
New Brunswick Federation of Labour
9-150 Edmonton Ave, Moncton, NB E1C 3B9

Telephone: 506-857-2125 / Fax: 506-383-1597 / info@fednb.ca

APPLICATION	FORM	
Name in full		Age
Residence		
		Postal Code
Email:	Tele	phone
Name, residence and occupation of parent or guardian		
	]	Postal Code
Union of which parent or guardian is a member		
How many in family List the ages of the members of the		ents
Family income for last calendar year -	Parent:	\$
	Parent:	\$
	Guardian:	_ \$
	Applicant:	\$
	Total:	\$
In what school or institution did you attend, and what was your gen	eral average upon grad	duation or leaving school.
What course do you intend taking  Have you applied for any other Scholarship? If so, please give part	iculars including name	
Please indicate those scholarship(s) you have received to date and to be a scholarship between the sch	ne amounts involved	
Date	Sign	ature of Applicant
THE FOLLOWING DECLARATION TO BE COMPION OF WHICH PARENT OR GUAL Secretary of		
do solemnly declare that		Parent or Guardian
is a member in good standing with		Turent or Guaranan
	Name of Organization	
- SEAL -		