



**SCHOLARSHIP FUND**

Notice of Application for an Award  
**2022-2023**

**Important Information**

1. **A notice of Application for an Award form must be filed with the Office of Labourers' Local Union 493 NO LATER THAN 90 DAYS AFTER THE START OF THE COURSE FOR THE CLAIMED AWARD.** For example, if the course starts Sept 6, 2022, the Notice of Application must be filed with Local Union by December 6, 2022. A new application must be submitted each year.
2. Persons eligible for an award include employees of Local 493 and Local 493 members who have the required contributions in an eligibility bank, are in good standing and have been working at the calling for a Liuna Local 493 Collective Bargaining Agreement Employer within 12 months (at the time of application and at the time the actual claim is filed), the qualifying person's spouse and unmarried dependent children and grandchildren under age 25. "Children" includes the Plan Member's natural children, step-children or adopted children. Retirees and Disabled members in good standing are also eligible.
3. To be eligible for an award, the plan member must have first satisfied the eligibility rules established by the trustees of the Scholarship Fund. Once you have satisfied the initial eligibility - that is, the plan administration has received at least \$150 in contributions - you are eligible to apply for a maximum of four awards (four students) per year (based on Sept 1-Aug 31), provided that you are not terminated. The maximum individual annual award is 75% of eligible expenses, to a maximum individual award of \$2,000. To maintain subsequent eligibility you must have \$50 per award in your eligibility bank. Retirees are subject to a maximum of 6 applications post retirement (deductions of \$25 per award).
4. The purpose of the award is to defray the cost of post-secondary school education, such as tuition, text books, laboratory fees and other course materials. Expenses for travel and accommodation are not eligible. The trustees may adjust the amount awarded, in view of the Scholarship Fund's financial condition. Eligible educational course must teach skills that will make the applicant find, or maintain desirable employment. Courses that are cultural in nature - for example, modern dance, hobbies, home plumbing repairs, etc. - are not eligible.
5. Finally, eligible courses include only those where the educational institution has the power to confer a certificate degree on the successful student, or has the power to issue a certificate of qualification upon successful completion of an apprenticeship. The award will be paid upon the successful completion of each course (subject to the limitations set out in paragraph 4) provided that the student has obtained a passing grade. **Claims must be filed within 90 days of completion in order to receive payment.** The only exception to this requirement is if the student was unable to complete the course due to a disability that is certified by a medical doctor as having made it impossible for the student to complete the course.
6. Scholarship Awards are a taxable benefit and a T4A will be issued to the student.

**TO BE COMPLETED BY STUDENT**

Student's Name: \_\_\_\_\_ Social Insurance #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Name of Educational Institution: \_\_\_\_\_

What is your area of study? (For example, Accounting, Dentistry, Business Administration, Law, Teaching, etc.) :

When will this course commence? \_\_\_/\_\_\_/\_\_\_\_ When will this course be completed? \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Witness to the Student's signature \_\_\_\_\_

Name of Witness \_\_\_\_\_

**TO BE COMPLETED BY THE PLAN MEMBER OR THE UNION OFFICE (IF THE PLAN MEMBER IS DECEASED)**

Member's Name: \_\_\_\_\_ Social Insurance #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

What is the relationship of the student to the member? \_\_\_\_\_

Witness to the Member's signature \_\_\_\_\_

Name of Witness \_\_\_\_\_

I, the above named and undersigned, do hereby certify that the foregoing information is true in every respect. I hereby submit Notice of Application for an award. Furthermore, I understand that the award, if made, will be made payable to the student, will be taxable income for the student and that the award will not be made unless evidence is provided with respect to passing the course, or failing that, evidence of disability that prevented passing the course.

Member's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**TO BE COMPLETED BY LOCAL UNION 493**

I, the undersigned, am an Officer of Labourers' Local Union 493, and I certify that this application was received on \_\_\_\_\_ and on that date the plan member above is either a member in good standing of Local Union 493, or is employed by Local Union 493.

Officer's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**TO BE COMPLETED BY THE ADMINISTRATOR**

Date Notice of Application Received:

Disposition:

- Notice of Application Approved, and Member Notified
- Notice of Application Rejected, Insufficient Contributory Hours
- Notice of Application Rejected, Ineligible Educational Course
- Notice of Application Rejected, Maximum Number of Awards Already Granted
- Notice of Application Rejected, Not Filed on Time

Date Processed:

Administrator (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_

**Instructions:** After completion by the student and the plan member, deliver or mail this Notice of Application to the office of **Local Union 493, 584 Clinton Ave, Sudbury ON P3B 2T2**, such that it is received no later than 90 days after the start of the course. The Administrator will notify the member whether the Notice of Application has been approved.