

Canadian Energy Workers Association

BURSAY APPLICATION

Applicant Information

Full name:	DOB:		
<small>Last</small>	<small>First</small>	<small>M.I.</small>	
Address:	Phone:		
<small>Street address</small>	<small>Apt/Unit #</small>		
<small>City</small>	<small>Province</small>	<small>Postal Code</small>	Email:

CEWA Member Information

Name	<small>Last</small>	<small>First</small>	<small>Employee Number</small>
Job Information	Job Title	Phone:	
	<small>Location</small>	Email:	

Education

High school:	Town:			
From:	To:	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Post-Secondary Institution:	City:			
Program:	Length of Program			
Start Date:	Projected Graduation:			

This bursary is for the children of CEWA members who are under the age of 25 and attending post-secondary school.

By signing this application, I acknowledge that all provided information is truthful and accurate to the best of my knowledge. I understand that any falsification may render me ineligible for the bursary. It is my responsibility to notify CEWA of any changes in my circumstances that may affect my eligibility. Upon completion, this application along with proof of acceptance to a post-secondary institution and a statement of my high school marks will be sent to marsenault@cewa.ca or cewa@cewa.ca before November 14, 2025.

Signature

Student's Signature: _____ Date: _____