



2026 BURSARY APPLICATION

Application Form

Please complete all sections of this application and provide the required official transcript.

SECTION A | PERSONAL INFORMATION

1. Enter your full name:

Surname	Given name(s) <i>(Underline one most commonly used)</i>
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2. Date of birth:

Day	Month	Year
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3(a). Permanent Address:

Street Name and Number		
City and Province	Postal Code	Phone Number

3(b). Address while attending post-secondary institution:

Street Name and Number		
City and Province	Postal Code	Phone Number

4. Name and address of educational institution you are attending:

Name of Institution

City and Province (State or Country)

5. Indicate name of degree/diploma/certificate program:

Program

6. Indicate specialty/major:

Specialty / Major

7. Presently in _____ year of a _____ year course of study.

8. Are you a full-time student?

☐ Yes ☐ No

9. Do you have a diagnosed learning disability? If so, please explain.

(You will not be penalized if you choose not to answer this question)

10. Record of Education:

Level	Institution	Highest level completed
High School		
Post Secondary		

NOTE: Please enclose official transcript of marks from last year of high school or post-secondary institution. Failure to provide this information will void your application. Photocopy will NOT be accepted. Email directly from a school will be accepted. Please contact UPSE to confirm transcript has been received.

11. Are you a member of the Prince Edward Island Union of Public Sector Employees?

☐ Yes ☐ No

(If no, please list name and address of member below)

Name of UPSE member

Full Mailing Address

12. Position and Classification of PEI UPSE member:

Position and Classification

Relationship to Applicant

13. Employer:

Employer

Work Location

14. Approximate length of time as a UPSE member: _____ **UPSE Local:** _____

15. Member Involvement: Check all that apply.

- ☐ Executive member or dependent of
- ☐ Local Director or dependent of
- ☐ Assistant Director or dependent of
- ☐ Local Steward or dependent of
- ☐ Committee member, or dependent of
- ☐ Negotiating Team member, or dependent of
- ☐ Elected to affiliate or dependent of
- ☐ Convention, Workshops, Education
- ☐ UPSE Member

16. Annual gross household income of UPSE Member(s):

\$

17. Tuition paid during academic year:

\$

18. Type of accommodation during the academic year:

- ☐ Parental residence ☐ Student residence ☐ Apartment rental ☐ Home rental

19. Please estimate additional yearly cost of accommodation of applicant:

\$

20. Student loans (in dollar amount)

Present year: \$

21. Scholarships (in dollar amount)

Present year: \$

22. Bursaries including George Coles (in dollar amount)

Present year: \$

23. Have you received a UPSE bursary before?

☐ Yes ☐ No

24. If yes, how many? _____ and when? _____

SECTION B | VOLUNTEER / COMMUNITY INVOLVEMENT

Please describe your community involvement in sufficient detail for the committee to understand the nature and impact of your activities.

25. Please describe in detail how your community activities, on a voluntary basis, served others:

SECTION C | APPLICATION INFORMATION

26. Date of application:

Day

Month

Year

Signature:

Applicant Signature

IMPORTANT INFORMATION

- **ANY UNSIGNED OR INCOMPLETE APPLICATIONS WILL BE CONSIDERED VOID.**
- ALL INFORMATION CONTAINED IN THIS APPLICATION WILL BE KEPT STRICTLY CONFIDENTIAL.
- ALL QUESTIONS MUST BE ANSWERED OR THE APPLICATION WILL BE CONSIDERED VOID.
- OFFICIAL TRANSCRIPTS ONLY (NO PHOTOCOPIES). EMAIL DIRECTLY FROM A SCHOOL TO PEIUPSE@PEIUPSE.CA WILL BE ACCEPTED.
- SUPPLYING FALSE OR MISLEADING INFORMATION WILL RESULT IN IMMEDIATE DISQUALIFICATION OF YOUR APPLICATION.

APPLICATION DEADLINE

November 27, 2026 by 4:30 p.m.

MAIL APPLICATION IN A SEALED ENVELOPE

**PEI UPSE: Attn: PR Committee
4 Enman Crescent
Charlottetown, PE C1E 1E6
or by fax to 902-569-8186**