

LABOURERS' LOCAL 493 SCHOLARSHIP FUND

NOTICE OF APPLICATION FOR AN AWARD

Important Information

1. **A Notice of Application for an Award form must be filed with the Office of Labourers' Local Union 493 90 DAYS AFTER THE DATE TUITION WAS PAID FOR THE CLAIMED AWARD.** For example, if Tuition was paid January 2, 2010, Notice of Application must be filed with Local Union 493 by April 2, 2010.
2. Persons eligible for an Award include a Member who is in Good Standing at the time the Notice of Application and final Application is filed, an Employee of Local Union 493 and that person's Spouse and unmarried dependent children under Age 25. "Children" includes the Plan Member's natural children, step-children or adopted children. Grandchildren of deceased Members of Local 493 who had earned eligibility for an Award at the time of their death are also eligible to claim an Award.
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 Administrator has received at least \$150 in Contributions - you are eligible to apply for a maximum of three Awards, provided that you are not Terminated. The Maximum Individual Annual Award is 75% of Eligible Expenses, to a Maximum Individual Award of \$1,500. To maintain subsequent Eligibility after three Awards have been made, you must earn at least \$75 in Contributions. Full details are available in the Benefit Booklet.
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 Courses 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 or 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 made upon the successful completion of each course (subject to the limitations set out in paragraph 4, above) provided that the Student has obtained a Passing Grade. 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.

TO BE COMPLETED BY THE STUDENT

Student's Name	
Social Insurance Number _____ - _____ - _____	Marital Status
Date of Birth _____ 19_____	Relationship to Plan Member
Name of Educational Institution	
What is your area of study? (For example, Accounting, Dentistry, Business Administration, Law, Carpentry, Stationary Engineering, Auto Mechanics, Teaching) _____	
When will this Course commence? _____	20 _____
When will this Course be completed? _____	20 _____
Student's Signature _____	Date Signed _____ 20 _____
Witness to the Student's Signature _____	
Name of Witness _____	

(over, please)

**TO BE COMPLETED BY PLAN MEMBER
or the Union Office (If the Member is Deceased)**

Member's Name _____ **Social Insurance Number** _____ - _____ - _____

Address _____

City _____ **Province** _____ **Postal Code** _____

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, and 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 further 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.

Date Signed _____ **20** _____ **Plan Member's Signature** _____

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 _____ 20____ 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.

Date Signed _____ **20** _____ **Officer's Signature** _____

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**
 - Other** _____

Date Processed

Administrator (Please Print) _____ **Signature** _____

Instructions:

- Member:** After completion by the Student and the Plan Member, deliver this Notice of Application to the Office of Local Union 493 such that it is received not later than 90 days following the date of enrollment for the course. The Administrator will notify the Member whether the Notice of Application has been approved.
- Local** After completion of the Form by the Local Union, a total of three copies are to be made. One copy for the
- Union:** Local Union Office, one copy for the Member, and one copy is to be forwarded to the Administrator: Employee Benefit Plan Services Limited, 45 McIntosh Drive, Markham, Ontario L3R 8C7.