



**CUPE NEWFOUNDLAND LABRADOR  
2024 HIGGINS INSURANCE SCHOLARSHIP**

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A \$1000.00 **CUPE Newfoundland Labrador Higgins Insurance Scholarship** is awarded annually by CUPE Newfoundland Labrador.

Individuals that meet the below eligibility and planning enrollment at an accredited post-secondary institution in the 2024-2025 academic year may make application for this scholarship.

**Eligibility:**

Union members in good standing with a local union affiliated to CUPE Newfoundland Labrador; *and or* a child or legal ward of a member in good standing of a local union affiliated to CUPE Newfoundland Labrador.

**Awarding Criteria:**

Only applications that are completed in full and include a cover letter from the applicant outlining their ongoing volunteerism within their school, union and or community and reference letter will be considered. Consideration will be given to first time recipients.

Application must be complete and on the scholarship form and must be received by CUPE Newfoundland Labrador no later than **December 16, 2024**, with all supporting documents for the application to be considered. Applicants are asked to include a picture of themselves with the application.

Decisions of CUPE Newfoundland Labrador will be final. CUPE Newfoundland Labrador assumes no responsibility for applications or supporting documents lost, misdirected, or otherwise not received by the deadline. It is the applicant's sole responsibility to ensure that the application is made correctly, legibly and received by the deadline date. **Late submissions will not be considered.**

**Confidentiality:** Member data is highly confidential and must be treated as such. CUPE Newfoundland Labrador confirm that they will always keep confidential the affairs of the membership. The name and picture of the successful applicant may be published in official publications and/or web site of CUPE Newfoundland Labrador and Higgins Insurance.

**Applications with all supporting documents are to be mailed or emailed to the attention:**

CUPE Newfoundland and Labrador  
15 International Place, Suite 102  
St. John's, NL A1A 0L4  
Email: [sherryh@cupe.ca](mailto:sherryh@cupe.ca)

**All inquiries regarding the scholarship should be directed to:**

Sherry Hillier,  
President CUPE NL  
Email:  
[sherryh@cupe.ca](mailto:sherryh@cupe.ca)



**CUPE NEWFOUNDLAND LABRADOR  
2024 HIGGINS INSURANCE SCHOLARSHIP  
APPLICATION FORM**

**PART ONE: Information Pertaining to the Scholarship Applicant:**

1. Name of Applicant:

Last Name	First Name	Middle Initial
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2. Address:

Street and Number	City/Town	Province	Postal Code
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3. Telephone:

Home	Work	Cell
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Current Email address \_\_\_\_\_

4. Name of the post-secondary institution you will be attending:

\_\_\_\_\_

5. What degree/diploma do you plan to attain?

\_\_\_\_\_

6. What academic year are you entering?  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

If other, please explain: \_\_\_\_\_

7. Include a cover letter and resume describing your involvement in unpaid volunteerism/social activism activities within your school and community, your length of service and time commitment. As well a reference letter completed by an individual who is familiar with your volunteer or activism activities who is not a relative with their full contact information.

I certify that the foregoing statements and information is complete to the best of my knowledge and hereby give authorization to CUPE Newfoundland Labrador to verify any information given on this application and permission to publish my name and picture in their newsletter and website/social

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



**CUPE NEWFOUNDLAND LABRADOR  
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APPLICATION FORM**

PART TWO: **Information Pertaining to the CUPE Newfoundland Labrador Member:** *please complete whether you as*

1. Members Name:

Last Name	First Name	Middle Initial
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2. Address:

Street and Number	City/Town	Province	Postal Code
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3. Telephone:

Home	Work	Cell
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Current email address: \_\_\_\_\_

4. CUPE Local Number: \_\_\_\_\_

5. Sector and Classification:

\_\_\_\_\_

6. Relationship to Applicant if applicable:

\_\_\_\_\_

I certify that the foregoing statements and information is complete to the best of my knowledge and hereby give authorization to CUPE Newfoundland Labrador to verify any information given on this application.

Signature of Applicant Parent: \_\_\_\_\_ Date: \_\_\_\_\_