



In accordance with the Constitution By-Laws, the Long-Term Care Committee will be offering two scholarships valued at \$ 250.00 each, to honour our past member Michael McNeil.

Individuals planning enrollment at an accredited community college or post-secondary institution in the **2021/2022** academic year may make application. The successful applicant will be required to provide proof of registration.

Eligibility is based on CUPE Members that work either in a nursing home facility or a facility under the Department of Community Services and sons, daughters, legal wards and grandchildren.

Basis of Awards shall be the applicant's financial need and current ongoing volunteerism/social activism in his/her community.

Application must be completed on the prescribed form and must be received by the Nova Scotia Long-Term Care Committee, Secretary-Treasurer, not later than **May 1st** of each year. Supporting documents must be provided with the form in order for the application to be considered.

Decisions of the Long-Term Care Executive will be final. The Long-Term Care Committee assumes no responsibility for applications or supporting documents that may become lost, misdirected, or otherwise not received by the deadline. It is the applicant's sole responsibility to ensure the application is prepared correctly, legibly and in a timely manner. Late submissions will not be considered. Consideration will be given to first-time applicants.

Confidentiality: Member data is highly confidential and must be treated as such. The Long-Term Care Committee will confirm that they will, at all times, keep confidential the affairs of the membership. The names of the successful applicants will be announced at the Annual Conference.

All inquiries regarding the Scholarship should be directed to:

JANET MACDONALD
Secretary-Treasurer, LTCCC
2328 Lawrencetown Road
Lawrencetown, NS B2Z 1L6
(902) 452-1592 or (902) 462-0774 janetmacdonald1@eastlink.ca



MICHAEL MCNEIL SCHOLARSHIP
Application Form: Part One

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 NUMBER(S):

Home	Work	Other
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4. POST-SECONDARY INSTITUTION ATTENDING:

5. DEGREE / DIPLOMA YOU PLAN TO ATTAIN:

6. HOW DO YOU INTEND ON FINANCING YOUR EDUCATION? CHECK ALL APPLICABLE.

Student Financial Assistance Family Support Self Other*

**Other – scholarships, bursaries, grants, awards, or other funding arrangements.*

Please indicate the amount(s) of each: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____



MICHAEL MCNEIL SCHOLARSHIP

Application Form: Part Two

1. Include an outline of your involvement in unpaid volunteer activities by providing a typewritten resumé and cover letter describing your volunteerism/social activism, the length of service and time commitment.
2. Include a reference letter completed by an individual who is familiar with your volunteer or activism activities, but who is not related, with full contact information included.

I certify that the foregoing statements and information are complete to the best of my knowledge and hereby give authorization to the Long-Term Care Committee to verify any information given on this application.

SIGNATURE OF APPLICANT:

DATE:
