

Personal Information (please print)

CIU SCHOLARSHIP/BURSARY PROGRAM Laurel Randle Memorial Bursary

2025 APPLICATION FORM

Full name of Applicant:				
Address of Applicant:				
Phone number of Applic	cant:			
Email of Applicant:				
Membership Information				
PSAC ID# (or parent/gua	ardian's):			
Check here if applicant is	the child of a PS.	AC/CIU membe	r	
Name of parent/guardie				
School Information				
Name of the accredited	Canadian Unive	rsity, College o	or Institute of	f higher
learning:		<i>,</i>		· ·
(Please note that proof of enro			fore confirming	the winner. The
winner will be asked for their S	ocial Insurance Num	ber (SIN).		
Attach proof of enrolment	by clicking here			
Will you be in enrolled				
full-time				
part-time				
What degree/diploma are	you working towa	ards?		
What year are you entering				
1 st year 2 nd ye	ear 3 rd year	4 th year	5 th year	other

If you have any questions or issues with the online application form, please contact the CIU National Office: 613-723-8008

Signature of Applicant:

Date: