

Al and Alma Cerilli

MFL Scholarship

The Al and Alma Cerilli Manitoba Federation of Labour scholarship is a \$1,000 scholarship presented by the MFL Young Members Committee to a student who is a member of an MFL affiliated union, to be used towards their continuing education or post-secondary program at a recognized institution. Due to the generosity of the Cerilli family, the value of the scholarship has been doubled.

The scholarship is intended to encourage activism in the labour movement. In selecting each year's recipient, the MFL Young Members Committee looks for the applicant who best demonstrates a significant record of activism in the labour movement and a commitment to continuing labour activism into the future.

Applicant information

Name:

Date of birth (must be 35 years of age or younger):

Address:

Telephone:

E-mail:

Union/local:

Union member since:

Employer:

Position:

Scholarship eligibility criteria

I, as the student applying for this scholarship, am presently a member, in good standing, of a union affiliated and in good standing with the Manitoba Federation of Labour. (If uncertain please call 204-947-1400).

Yes ____ Please initial

I will be participating in a continuing education or post-secondary educational program/course at a recognized institution in 2019/20. Yes ____ Please initiall

I am 35 years of age or younger. Yes ____ Please initial

I am applying for this scholarship to assist with costs related to the following educational program:

Name of educational program:

Period of study:

Qualification questions

(You may attach your answers on a separate sheet)

1. Are you active in your union? If so, how long have you been active and how have you been active?

2. Do you anticipate that you will be involved in the labour movement in the next ten years? If so, how do you envision yourself being involved?

3. What does it mean to you to be a union member? Why are unions important?

4. What is your objective in completing this post-secondary education program?

5. Who would recommend you to receive this scholarship (please name up to three individuals with their contact information)? Examples may include an officer of your local union, your union representative, your manager or supervisor, or a teacher or professor.

Scholastic information

Place of study (College, university or other educational institution):

Diploma/degree/certificate/accreditation to be attained (e.g. BA in Economics, accreditation as a plumber, etc):

Full time or part time:

Program Length:

Date of entry to program:

Declaration

To complete your application, please read the following conditions and sign at the bottom acknowledging your agreement.

1. The MFL Young Members Committee will select the successful applicant. This decision is final and binding and will not be subject to appeal. The decision will be made based on the activism portrayed in the answers provided based on an objective rating scale.
2. If I have not already completed my Diploma/Degree/Certificate, I will make every attempt to do so.
3. I declare the information provided in this application is true.
4. I have signed, dated and included the MFL's Personal Information Consent form (attached).

Signature of applicant:

Date:

If applicant is under 18 years of age:

Parent or guardian name:

Signature of parent or guardian:

Date:

The MFL reserves the right not to make an award if the selection committee determines no applicant meets the selection criteria.

Applications must be received by email or fax, or post-marked by mail, by May 31, 2019.

MFL Young Members Committee
Al Cerilli MFL Scholarship
303 - 275 Broadway
Winnipeg, MB R3C 4M6

Fax: 204-943-4276

E-mail: admin@mfl.mb.ca

Private information authorization

(please print)

I _____, in accordance with the Personal Information Protection and Electronic Documents Act, authorize the Manitoba Federation of Labour or its designated representative to release and/or share personal information that the Manitoba Federation of Labour has accumulated about me with other Labour Organizations or Labour Friendly Organizations.

This authorization remains effective until revoked by me in writing.

Signature: _____ Date: _____

Position: _____

Union: _____ Local: _____

Mailing address _____

Street or box #: _____

City/town: _____ Postal code: _____

Phone: (work) _____ (home) _____ (cell) _____

E-mail: _____

*Preferred mailing address for receiving mail (if different from above)

Mailing address _____

Street or box #: _____

City/town: _____ Postal code: _____