

When applying for apprenticeship scholarship you require:

1. Signed Promissory Note
2. School Receipt (tuition fee)
3. Letter from Alberta Learning with your period marks period
4. Blue Book **Stamped** by the Apprenticeship Board OR AIT ID Card
5. **Must** have 1200 Local Union 488 Contractor Contributed hours.
6. **Must** be a Member in good standing
7. If you are a Journeyman, please bring your Journeyman letter from Alberta Learning or your Journeyman Certificates. You will also be required to submit your UA Card so that we can send it to head office.
8. Apprentice scholarship may only be received within 2 years of completion of trade school dates.

If you have any questions or concerns, please contact Roxana Pulunto at
(780) 488-1266 or roxana.pulunto@ept488.ca



APPRENTICE SCHOLARSHIP APPLICATION



Name: _____ UA Card #: _____

Address: _____

City & Province: _____ Postal Code _____

Email: _____ Phone #: _____

Name of School: _____ Trade & Year of School: _____

School Dates: Start: _____ End Date: _____

EFT _____ Y/N

Cheque _____ Y/N

Pickup Cheque _____ Y/N

OFFICE USE ONLY

Reclassified to a _____ Year Apprentice or BTJ by: _____ on _____

Waiver sent _____ Y/N

Good Standing _____ Y/N

Total Hours: _____ Start Date Hours: _____ End Date Hours: _____

Promissory Note, Provincial Marks and Certification Verified by: _____

Amount: _____ Approved by: _____

Cheque #: _____ Issued On: _____



PROMISSORY DEMAND NOTE FOR SCHOLARSHIP



Date: _____

Scholarship Amount: \$725.00

FOR VALUE RECEIVED, I _____,

UA Card Number _____ (the "Apprentice") hereby promises to pay to the order of The Edmonton Pipe Trades Educational Trust Fund (the "Trust") at 16120 – 118 Ave NW, Edmonton Alberta T5V 1C6, the sum of SEVEN HUNDRED AND TWENTY FIVE (\$725.00) DOLLARS ON DEMAND, together with interest at the rate of TEN (10%) PER CENT PER ANNUM commencing on the date of this note.

THIS PAYMENT represents payment of a Scholarship advanced by the Trust Fund of the Apprentice under its Apprenticeship Training Program for the period of ONE (1) YEAR inclusive, in accordance with the terms and provisions of an Apprenticeship Scholarship Agreement between the undersigned and the Trust Fund as of the date below.

THE SCHOLARSHIP FUNDS herein are advanced on the understanding that the recipient will only work with signatory or approved Contractors of UA Local 488 for at least of a period of 1 (ONE) year from the advance of the funds. Upon the expiry of 1 (ONE) year the Promissory Note herein will be deemed VOID.

Witness as to the signature of the Apprentice

THE APPRENTICE

On behalf of the EPT Education Trust

SIGNATURE of Apprentice

Address:



EDMONTON PIPE TRADES EDUCATIONAL TRUST FUND

16120-118 Avenue, Edmonton, Alberta T5V 1C6

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT TRANSFER

INITIAL REQUEST CHANGE REQUEST

MEMBER PERSONAL INFORMATION

NAME:

UNION CARD NUMBER:

EMAIL ADDRESS:

REQUEST FOR DIRECT DEPOSIT OF BENEFITS

To request direct deposit or to modify your banking information, **PLEASE ENCLOSE A VOID CHEQUE** with this request AND complete the information below. In both cases, please sign the authorization.

DEPOSIT TO (NAME OF BANK OR FINANCIAL INSTITUTION)

ADDRESS OF BRANCH

Branch Number	Institution Number	Account Number
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AUTHORIZATION:

I authorize the Edmonton Pipe Trades Trust Fund and ATB to use the services of any member or affiliate of the Canadian Payments Association (CPA) in carrying out this authorization. I agree to be bound by the standards, rules, and practices of CPA as they may exist from time to time. I agree to give written notice of cancellation of this authorization to Edmonton Pipe Trades Educational Trust Fund and be bound by this authorization until the Edmonton Pipe Trades Educational Trust Fund has had reasonable time to act on the notice. Edmonton Pipe Trades Educational Trust Fund and/or ATB may terminate this authorization by providing me with ten (10) days' notice. I undertake to inform Edmonton Pipe Trades Educational Trust Fund within five (5) days of any changes to branch, account, and institution number while this authorization is in effect.

SIGNATURE Date:(MM/DD/YYYY) _____

REQUEST TO SUBSCRIBE TO E-NOTIFICATION RECEIVED FOR DIRECT DEPOSIT