

**DEBRA MILLS SCHOLARSHIP APPLICATION
CLC WINTER SCHOOL
JANUARY 20 - FEBRUARY 15, 2008**

(Please Print)

Brother Sister

First Name: _____ Surname: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone (Home): _____ (Work): _____ (Union): _____

Affiliate Union: _____ Local: _____

COURSE: *(Please register me for the following:)*

FIRST CHOICE: _____ WEEK: _____
(Number & Course Name)

SECOND CHOICE: _____ WEEK: _____
(Number & Course Name)

ACCOMMODATION: SINGLE SPOUSE

DOES THE APPLICANT HAVE ANY SPECIAL NEEDS? Yes No

IF YES, please contact the CLC Office at 604-430-6766.

IF YES, please indicate _____

WILL YOU REQUIRE CHILDMINDING? Yes No

IF YES, please indicate child's age: _____

SIGNATURE OF LOCAL UNION OFFICER _____

Name *(printed)* _____ Fax: _____

Notes:

- *Candidates must be persons with disabilities and members of a BCFL affiliate.*
- *Applications must be received at the BCFL office no later than January 4, 2008.*
- *The applicant's union will be advised of the successful candidate following the draw on January 10, 2008.*

Privacy Statement: The personal information provided in this registration form will only be used for the purposes of session registration and will not be sold, shared or otherwise provided to any third party, unless it is for the purpose of academic research that complies with appropriate standards of confidentiality. The B.C. Federation of Labour may use the contact information that you have provided to contact you, or provide you with additional information in the future.

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