

Name: _____

Address: _____

Phone #'s: _____

Email: _____

Employer: _____

Unit: _____

Local Union: _____

Length of membership with UFCW Canada: _____

Please include a short biographical essay (200 words or less) and an essay outlining why you believe that you should be accepted for this program.

Please submit your request to your local union president and to:
UFCW Canada
(fax) 416.675.6919
youth@ufcw.ca

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