

# Canadian Parking Association scholarship fund

## Employee Consent Form



Applicant	
Applicant Name:	
Applicant Email:	
CPA member	
CPA member name:	
Name of employer:	
Position:	
CPA Membership Status (must be Class A to be eligible):	
CPA Member Number:	
Declaration of Employee Eligibility	
<p>You are asked to complete this form as the registered Class A member, parent or guardian of a dependent who is a Class A member or an eligible Class A member endorsing their employee whose job function is more than 50% related to the parking industry applying to a scholarship program administered by Universities Canada.</p> <p>To complete the application process, some information from you is required to confirm the eligibility of the scholarship candidate under the terms of the program. This information will not be used or disclosed for any other purpose unless required or authorized by law. By completing and submitting this form you are consenting to the collection, use, disclosure and retention of this personal information for the above-stated purposes. You may refuse to provide this information to us or withdraw your consent at any time, subject to legal or contractual restrictions and reasonable notice. In either case, this may limit your or your dependent's scholarship eligibility.</p> <p>A full version of Universities Canada's Privacy Code which outlines Universities Canada's complete personal information management practices, policies and procedures is available online at <a href="http://www.univcan.ca">www.univcan.ca</a>. Please contact the Privacy Officer by email at <a href="mailto:privacy@univcan.ca">privacy@univcan.ca</a> should you have any privacy related questions or concerns.</p> <p>To confirm your relationship with the applicant and to provide your employment details, please submit the completed form via email or uploading it to the application portal. This form must be received before the application deadline noted in the program guidelines.</p> <p>After reviewing the scholarship program guidelines, I confirm that by the deadline date, I will meet all CPA Class A member eligibility requirements.</p>	
Date :	Signature :