



# Support Staff Endowment Fund (SSEF) Advisory Committee

Support Staff Endowment Fund Advisory Committee (SSEF)

Application for Membership 2024

Name: \_\_\_\_\_  
(First) (Last)

Faculty/ Admin. Unit: \_\_\_\_\_ Department: \_\_\_\_\_

Position: \_\_\_\_\_ Union name or EMAPS: \_\_\_\_\_ Years of service \_\_\_\_\_

Campus Address: \_\_\_\_\_

Campus ph. #: \_\_\_\_\_ UM Email: \_\_\_\_\_

Why I want to be involved in this committee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Experience/knowledge/skills that I can bring to support this committee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: SSEF committee membership is limited to support staff that hold a continuing appointment of .5 or greater.*

X \_\_\_\_\_  
Applicant Signature Date

X \_\_\_\_\_  
One-over Signature One-over name (please print) Date

Please return completed application form by **February 29, 2024** to: [jasmine.brar@umanitoba.ca](mailto:jasmine.brar@umanitoba.ca)

Jasmine Brar  
Membership Chair  
Support Staff Endowment Fund Committee