**Vancouver Catholic Schools Teachers’ Association Bursary Application**

Please complete this form in full and return it and proof of payment to the VCSTA Executive, C/O The Treasurer, by the second Friday in December, for course expenses incurred over the past 18 months. Applicants may apply for only 1 (one) draw date per course.

The following criteria must be met in order for an applicant to be declared eligible for a VCSTA bursary:

1. Applicant must have at least three years of experience in the CISVA.
2. Applicant must have been a member in good standing of the VCSTA for at least three years.
3. The bursary is awarded for course expense. Acceptable courses are all continuing education courses related to professional development. Bursaries will be awarded up to $450 per person. A lottery will be drawn of all eligible applicants. A maximum of $6750 (15 @ $450) will be distributed. An individual applicant may only receive a bursary every 3 years, unless the cumulative sum of $6750 has not been awarded for the current year.

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| --- | --- | --- | --- | --- | --- | --- |
| LAST NAME: |  | FIRST NAME & INITIAL: |  | DATE OF APPLICATION: |  | PREVIOUSLY RECEIVED BURSARY: |
|  |  |  |  |  |  |  |
| HOME ADDRESS |  |  | CITY |  | POSTAL CODE |
|  |  |  |  |  |
| POSITION: |  | YEARS IN CISVA: |  | HOME PHONE: |  | WORK PHONE: |
|  |  |  |  |  |  |  |
| NAME OF COURSE: |  |  |  | NAME OF INSTITUTION: |  |  |
|  |  |  |
| COURSE DATES (START & FINISH) |  | BURSARY AMOUNT APPLIED FOR (attach proof): |
|  |  |  |

***Employment record with the Catholic Independent Schools of the Vancouver Archdiocese (CISVA):***

|  |  |
| --- | --- |
| Present School | Previous School |
| Street Address Phone | Street Address Phone |
| City Postal Code | City Postal Code |
| Principal’s Name: | Principal’s Name: |
| Dates workedFrom: To: | Dates workedFrom: To: |

***Explain relevance of course to your teaching***

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I hereby certify that the information on this application is true. I have attached a copy of proof of payment.

I understand that in the event of non-completion of the course, or that some of the information on this form is untrue, I will be required to return the bursary funds.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_