

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:

- a) Applicant must have at least three years of experience in the CISVA.
- b) Applicant must have been a member in good standing of the VCSTA for at least three years.
- c) 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.

LAST NAME: <input type="text"/>	FIRST NAME & INITIAL: <input type="text"/>	DATE OF APPLICATION: <input type="text"/>	PREVIOUSLY RECEIVED BURSARY: <input type="text"/>
HOME ADDRESS <input type="text"/>		CITY <input type="text"/>	POSTAL CODE <input type="text"/>
POSITION: <input type="text"/>	YEARS IN CISVA: <input type="text"/>	HOME PHONE: <input type="text"/>	WORK PHONE: <input type="text"/>
NAME OF COURSE: <input type="text"/>		NAME OF INSTITUTION: <input type="text"/>	
COURSE DATES (START & FINISH) <input type="text"/>		BURSARY AMOUNT APPLIED FOR (attach proof): <input type="text"/>	

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

Present School	Previous School
Street Address	Street Address
Phone	Phone
City Postal Code	City Postal Code
Principal's Name:	Principal's Name:
Dates worked From:	Dates worked From:
To:	To:

Explain relevance of course to your teaching

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: _____