

Vancouver Catholic Schools Teachers' Association Bursary Application

Please complete this form in full and return it and proof of payment to the VCSTA Executive 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 \$400 per person. A lottery will be drawn of all eligible applicants. A maximum of \$6000 (15 @ \$400) will be distributed. An individual applicant may only receive a bursary every 3 years, unless the *cumulative* sum of \$6000 has not been awarded for the current year.

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