

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) Applicants must have at least three years experience in the CISVA
- b) Applicants 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 Education or Religious Studies. Bursaries will be awarded up to \$250 per person. A lottery will be drawn of all eligible applicants. A maximum of \$2500 (10@ \$250 each) will be distributed. An individual applicant may only receive a bursary every 3 years, unless the *cumulative* sum of \$2500 has not been awarded for the current year.

LAST NAME:	FIRST NAME & INITIAL:	DATE OF APPLICATION:	PREVIOUSLY RECEIVED BURSARY:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
HOME ADDRESS:		CITY:	POSTAL CODE:
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
POSITION:	YEARS IN CISVA:	HOME TELEPHONE:	WORK TELEPHONE:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
NAME OF COURSE:	NAME OF INSTITUTION:		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
COURSE DATES (START & FINISH)	BURSARY AMOUNT APPLIED FOR (attach proof)		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		

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 worked: From To	Dates worked: From 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: _____

