

## **APPLICATION FORM**

### **Marion Secunda Poliakoff Annual Bursary, BCASW**

#### **PERSONAL INFORMATION**

Name:

Address:

Telephone:

Email:

BCASW Membership Number:

**EVENT DESCRIPTION** (Please attach a copy of the event brochure or link to the website information.)

1. A course description from the course provider (including total course fees):

2. Applicant learning objectives including the specific professional value to the applicant taking the course:

3. Rationale for requesting funding: (How the training will benefit their work or clients or employer? If you are a student, how will this training benefit your future work and profession? )

4. Proof of payment for the course:

#### **Applicant's Agreement**

**By checking this box, if awarded bursary funds, I agree to submit confirmation of attendance at the event described above, and give permission for my name to be published by BCASW as a recipient of this bursary.**

**Date**

Signature