



CO-OPERATORS BURSARY FOR MEMBERS APPLICATION FORM

The application deadline for this scholarship is March 31st of each year.

Personal Information

Name:

Address:

Phone:

Email address:

Employer:

NBASW Information

Registration/membership #:

Number of years as a member of the NBASW:

Describe any involvement you have had in the NBASW (local chapters, committees, annual meetings, etc.):

Check one of the following and describe the duration and type of training intended:

Conference

Workshop



Seminar

Webinar

Other

Cost of Training:

Registration:

Accommodations:

Resource Material:

Travel:

Meals:

Other (describe below):

Total:

I certify that all of the information included in this application is accurate and true. I understand my application will not be considered if any false information is included.

Signature

Date