

CO-OPERATORS BURSARY FOR STUDENT MEMBERS APPLICATION FORM

Personal Information			
Name:			
Address:			
Phone: (home)		(cell)	
Email address:			
NBASW Information			
NBASW student members	ship #:		
How long have you been	a student member with th	ne NBASW?	
Academic Information			
Please provide the follow sheet and attached to this	-	pace is required, please I	ist on a separate
School of Social Work in v	vhich you are currently er	nrolled: (please check one	of the boxes)
Mi'kmaq/Maliseet	: BSW programme		
Université de Mon	icton		
St. Thomas Univer	sity		
Level	Institution Location	Graduatio	on Year
Bachelor			
Master			



Short Essays

The Education Committee will assess your application based on the following questions: *Please type your answers, there is a maximum 400 words for each question.*

Why did you choose to pursue your studies in social work? What is your vision?



Describe what you consider to be your most significant community involvement to date.
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.

Date

Signature