



**CO-OPERATORS BURSARY FOR MEMBERS APPLICATION FORM**

*The application deadline for this scholarship is March 31<sup>st</sup> 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



Webinar

Other

**Cost of Training:**

Tuition or Registration:

Accommodations:

Resource Material:

Travel:

Meals:

Other (describe below):

**Total:**

**Explain how this particular training will assist you in your future social work practice.**

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