

NWSD EMPLOYEE BURSARY APPLICATION (Form 421-1)



Date: _____, 20____

Name: _____

Years with School Division: _____

Address: _____

Class on Salary Scale: _____

Previous bursaries received from this Division: _____

Class(es) to be studied:

(a) _____ Credits: ____ Tuition Fee: _____ Start Date: _____
Full description as in University Calendar or attach photocopy

(b) _____ Credits: ____ Tuition Fee: _____ Start Date: _____
Full description as in University Calendar or attach photocopy

(c) _____ Credits: ____ Tuition Fee: _____ Start Date: _____
Full description as in University Calendar or attach photocopy

Name of Institution: _____ Location class(es) offered: _____

Briefly explain how this program of studies would benefit the school system. In particular indicate how it would help in regard to the grades or subjects you now teach. Relate (if applicable) to self-improvement targets. (attach copy if necessary)

Do you plan to undertake the program regardless of bursary assistance? _____

Signature of Applicant

Director's Signature

Date