

EDUCATIONAL ASSISTANT BURSARY APPLICATION



Date: _____, 20____

Name: _____

School: _____

Address: _____

Years with this School Division _____

Previous bursaries received from this Division: _____

Class(es) to be studied: (a) _____

(b) _____

Full description as in College Calendar: (attach photocopy)

Tuition Fee: a) _____ b) _____

Credits (in equivalent hours): a) _____ b) _____

Location of class(es) offered: _____

Name of Institution: _____

Starting Date: _____ Duration: _____

Briefly explain how this program of studies would benefit the school system. In particular indicate how it would help in regard to the students you now assist. Relate (if applicable) to self-improvement targets.

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

Signature of Applicant

Signature of Principal

Forward to Superintendent of Student Services

Approved _____ Yes _____ No _____

Signature of Superintendent of Student Services