

## APPLICATION FORM

### British Columbia Partner Benefit: CASW Scholarship

#### PERSONAL INFORMATION

Name:

Address:

Telephone:

Email:

BCASW Membership Number:

**EVENT DESCRIPTION** (Please attach a copy of the event brochure or link to the website information.)

1. Event Name, Date and Location:

2. Specific professional value to applicant for attendance at event:

3. Rationale for need for funding/barriers faced in accessing continuing education:

4. Involvement in BCASW or CASW (specific activities, committees, projects, positions held, etc.)

#### Applicant's Agreement

By checking this box, if awarded scholarship funds, I agree to submit confirmation of attendance at the event described above and give permission for my name to be published by BCASW as a recipient of this scholarship.  Date

Please email this form to [bcasw@bcasw.org](mailto:bcasw@bcasw.org) with **CASW Partner Scholarship Application Form** in the subject line.