

APPLICATION FORM

Murphy Battista LLP Continuing Education Bursary

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. A course description from the course provider (including total course fees):

2. Applicant learning objectives including the specific professional value to the applicant taking the course:

3. Rationale for requesting funding:

4. Last date of application for any BCASW award:

Applicant's Agreement

By checking this box, if awarded scholarship funds, I agree to submit confirmation of attendance at the event described above, for my application to be forwarded to Murphy Battista LLP, 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 with **Murphy Battista LLP Education Bursary** in the subject line.