

Form 424-1 Bursary Application Form



Clearview Public Schools

We All Belong – We All Succeed

Name: _____

Position: _____

School: _____

Years of Service in Clearview: _____

Contract (Temporary, Interim, Probationary, Continuing, Yearly): _____

Program of Enrollment: _____

Name of Educational Institution of Enrollment: _____

Location (city / town): _____

Start Date of Program: _____ Anticipated Graduation Date: _____

Estimated Cost to Complete Program:

Cost per course: \$ _____

Total number of courses: _____

Other costs: \$ _____

Please describe briefly any special interests/disciplines you pursued or are pursuing in this program:

Briefly, explain why you believe the skills develop in this program will benefit Clearview in future years:

Please accept this as my formal application to the Division Bursary Program for the 20__ - 20__ school year. Only courses completed between September 1 and August 31 of the current year will be eligible for reimbursement. Participants may reapply in subsequent years. I understand this Bursary Program is based on agreement to a "return of service contract". **The required return for service is two (2) years for bursaries up to and including \$1,200.00.**

SIGNATURE _____ DATE _____

Submit this application to the Superintendent and cc: the Assistant Superintendent - Human Services.

Approval by Superintendent of Schools SIGNATURE _____