

REQUEST FOR FUNDS FORM

Date of Request: _____

Applicant Information:

Name: _____

Program/Job Title: _____

Are you actively working in your position .5 Full Time Equivalent or greater? YES _____ NO _____

Address: _____

Agency: _____

Consultant in: IDP _____ AIDP _____ SCDP _____ ASCDP _____

Phone: _____ E-mail: _____ Fax: _____

Course/Training Information:

Type of educational/training course that you want to attend:

1. Academic Credit Course _____ UBC student number _____

**** Please make sure you know the institution's non-penalty course withdrawal deadlines. If you withdraw at any time from the course, the bursary fund will not cover the course cost.**

If personal circumstances occur out of your control contact Elizabeth Cox as soon as possible.

2. Non-Academic Training _____

3. Regional & Provincial In-Services, Workshops, and Conferences _____

****NB: A max. of 3 staff from one office can apply for the same training event**

***** If you are not able to pay for any type of training upfront, or your agency is not able to match funds for non-academic training please tick here _____**

The project manager will contact you. ** If your agency can't match funds please have your

Supervisor/employer sign here _____

Training description: Course Name, term, dates of training, institution & location.

***The most economical and least expensive form of travel & only meals not provided can be claimed.**

Specific funding details: _____

Tuition/Registration: \$ _____

****After assessing the cost of training registration or tuition, the following costs may be considered based on available funding. Receipts are required for payment:**

Accommodation: Full cost shared room/single ½ cost _____

Books/Training Materials: _____

Personal vehicle: **Gas** (receipt **Must** be submitted within 2-3 weeks) _____

Air Fare: _____

Ferry: _____

Meals. No alcohol; B=10 L= 15 D=20 _____

Taxi/car rental/parking: _____

Agency is to match funds for non-academic training, workshops, in-service and conferences:

Total cost _____ Claim 50%: _____

TOTAL REQUEST \$ _____

Employer/ Program Supervisor Approving Request: In signing below I verify my approval of the training request as relevant for the learning goals of this applicant who is actively working at this time.

Program/Agency & Address: _____

Supervisor Name: _____

Employer/Supervisor Signature: _____

Phone: _____ **E-mail:** _____ **Fax:** _____

Applicant's Signature: _____

Name & Address payment to be sent to: _____

Submit this request to Elizabeth Cox, Project Manager E-mail: eocox@shaw.ca or Fax: 250-656-1231