Conference Bursary Request Form

NAME

SCHOOL BOARD

SCHOOL NAME

SCHOOL ADDRESS
(Street, City/Town/ Postal Code)

SCHOOL PHONE ( ) **Ext** **SCHOOL FAX ( )**

EMAIL

BURSARY AMOUNT REQUESTED $

CSCO EXECUTIVE USE ONLY

❒ Bursary Approved

Amount Approved _____

Cheque # _____

Date _____