



6. COACHING BURSARY AWARD APPLICATION FORM

Applicant Information

First Name _____ Address _____

Last Name _____ City _____

Telephone _____ Postal Code _____

Email _____ Current Coaching Level _____

Club Affiliation: _____

Briefly describe the type of professional development activity to attend (*max 250 word*):

Professional Development Opportunity Information

Name of Event or Activity _____
(*please attach any additional supporting information*)

Dates _____ Location _____

Registration Fee of activity (*if applicable*): _____

List all other costs associated with the activity: _____

Expense Type	Cost	Expense Type	Cost

Briefly summarize how this activity will assist to increase your technical knowledge and expertise:

I certify that all information contained in this application is true and complete

Signature / Signature of Parent (<i>if under 19 years</i>)	Date

Please submit application to ed@bcartisticswimming.ca.