



Officials Bursary Award Application Form

Applicant Information

First Name _____ Address _____
 Last Name _____ City _____
 Telephone _____ Postal Code _____
 Email _____ Current Certification Level _____
 Club Affiliation (if applicable): _____

Briefly describe the type of professional development activity you would like to undertake (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 of Applicant Date Signature of Parent (if under 19yrs) Date

Please submit application to:

Executive Director
ed@bcartisticswimming.ca