

**NB  
ASW**



**ATS  
NB**

New Brunswick Association of Social Workers  
Association des Travailleurs Sociaux du  
Nouveau-Brunswick *Incorporated 1965 Incorporée*

P.O. Box 1533, Station A, Fredericton, NB, E3B 5G2  
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**COOPERATORS BURSARY FUND APPLICATION FORM**

**1. Personal Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_

**2. NBASW Information:**

Registration/membership #: \_\_\_\_\_

Number of years as a member of the NBASW: \_\_\_\_\_

Describe any involvement you have had in the NBASW ( local chapters, committees, annual meetings, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Check one of the following and describe the duration and type of training intended:**

a) Conference  \_\_\_\_\_  
\_\_\_\_\_

b) Workshop  \_\_\_\_\_  
\_\_\_\_\_

c) Seminar  \_\_\_\_\_  
\_\_\_\_\_

d) Webinar  \_\_\_\_\_  
\_\_\_\_\_

e) Other  \_\_\_\_\_  
\_\_\_\_\_

**4. Cost of Training:**

Amount

Registration \_\_\_\_\_

Accommodations \_\_\_\_\_

Resource Material \_\_\_\_\_

Travel \_\_\_\_\_

Meals \_\_\_\_\_

Other (describe below) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL:** \_\_\_\_\_

**5. Explain how this particular training will assist you in your future practice of social work.**

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_