

**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
Phone: (506) 459-5595, Fax: (506) 457-1421, E-mail: nbasw@nbasw-atsnb.ca

NBASW SCHOLARSHIP 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) Higher Degree _____

b) Specialized Course _____

c) Certificate Program _____

4. Cost of Training:

Amount

Tuition or Registration	_____
Accommodations	_____
Books	_____
Travel	_____
Meals	_____
Other (describe below)	_____
_____	_____
_____	_____
_____	_____

TOTAL: _____

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

Signature: _____

Date: _____