

UNI STUDENT BURSARY FOR DISTANCE EDUCATION APPLICATION FORM

Personal Information	1		
Name:			
Full Mailing Address:			
Phone: (home)		(cell)	
Email address:			
Pronouns for NBASW	Communications:		
NBASW Information			
NBASW membership	#:		
Year you became an N	NBASW member (e.g	. 2025):	
Member Category:	social work student member		social work technician student member
	social work technic	ian member	social work member
Academic Informatio	n		
Please provide the fol	llowing information.	If more space is	required, please list on a separate sheet
and attached to this a	application.		
Educational institutio	n in which you are c	urrently enrolled	d:
Program in which you	are currently enroll	ed at the above	educational institution:
Province, territory, or	country in which th	is institution is l	ocated:
Are you currently livir	ng in New Brunswick	and studying fu	II-time through distance education?
Yes	No		
Current Program Level: (select one)		Diploma Bachelor Master	

Anticipated Graduation Year:



Short Essays

The Selection Committee will assess your application based on the following questions: *Please type your answers, there is a maximum 400 words for each question.*

1) Why did you choose to pursue your studies to become a social worker or social work technician? What is your vision?



2) Descr	ribe what you consider to be your most sig	nificant community involvement to date.
1	I certify that all of the information included	I in this application is accurate and true. I
	understand my application will not be cons	

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