

## BURSARY & SCHOLARSHIP FUND APPLICATION FORM

Please check the box	you are applying f	or:	
	□ Volunteer	Volunteer Instructor Development Bursary	
		Student Course Fees	
Personal Information	n		
Name:		Date:	
Address:			
Phone: (H)	(w)	(m)	
Email:	(**)	(111)	
Liliali.			
Current BCAS Membership #:		# of Years of Involvement with VASS:	
Have you ever applie	•	re? □ Yes □ No	
Amount Requested:			
Additional Information:			

In this area, can you please describe how you believe VASS can benefit you and tell us little about your financial situation?