MBA Bursary *application*

CGA-BC | EDUCATIONAL FOUNDATION

Purpose

The CGA-BC Educational Foundation has established a fund to assist CGA-BC members in financial need who have been accepted into a Masters of Business Administration program at a recognized university.

Procedures

This form should be completed and submitted with a transcript of marks of undergraduate degree or professional certification, evidence of acceptance into the MBA program, a letter of academic reference, and a covering letter to the *CGA-BC Educational Foundation, 300-1867 West Broadway, Vancouver, BC V6J 5L4* before June 30th.

The covering letter should include an explanation of your reason for requesting financial assistance, including any extenuating short- or long-term circumstances. Additionally, you should indicate your career goals and give an estimate of the time required for you to obtain your degree.

The Trustees of the Foundation will review all the applications received and award monies to those applicants with limited resources, special needs or disadvantaged circumstances.

Personal Information

Last Name: _____ First Name: _____ ID No. _____

Social Insurance Number _____ E-mail _____

Home Telephone _____ Business Telephone _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Work history for the past five years:

_____

_____

_____

_____

Financial Information

	Individual	*Total Household*
Income for the last twelve months	$ _____	$ _____
Expected income for next twelve months	$ _____	$ _____
Does your employer support your studies financially?	☐ Yes ☐ No	
If yes, advise the amount of reimbursement anticipated.	$ _____	

next...

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MBA Bursary *application* *continued*

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Financial Information *continued*

Scholarships, bursaries or other financial prizes or awards received in the last three years.

Sponsor	*Date*	*Amount*
		$
		$
		$

Dependants: *Please list by relationship all those people who are completely or partially dependent upon your support.*

_____ _____

_____ _____

Bursary Amount: *Please indicate the amount of CGA bursary assistance you feel you will need this year.*
(Please note that the maximum awarded is $2,500)

$ _____

Community Activities

Please list the organizations to which you currently belong and briefly describe the nature of your involvement.

_____

_____

_____

_____

I hereby certify that the information given on this form and in any attached documents is correct and complete.

_____ _____

Signature of Applicant Date

Collection and Use of Information. The information collected will be used to determine eligibility for a bursary from the CGA-BC Educational Foundation. The information is being collected pursuant to the Freedom of Information and Protection of Privacy Act, R.S.B.C. 1996, Chapter 165. If you have any questions about the collection and use of this information, contact CGA-BC at 300 – 1867 West Broadway, Vancouver, B.C. V6J 5L4, telephone (604) 732-1211.

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