BURSARY FUND APPLICATION FORM

Name: _____
Last First Initial

Address: _____ College Member Since: _____

_____

City/Town: _____ Postal Code: _____

Phone Number: _____ Registration #: _____

COURSE INFORMATION

TITLE	DATES	COST	OTHER REIMBURSEMENT*

*Amount received from employer, union, etc.

Have you received a College Bursary Award in the past three years? Yes No

Please provide a brief outline of how this (these) course(s) will benefit you.

_____
_____
_____
_____

For consideration, the application form must be sent with the following:

- Course Outline (preferably the original information form)
- Original receipt of payment
- Proof of successful completion

Please submit application and attachments no later than midnight December 31 to:

ACMLT
301-9426 51 Avenue NW
Edmonton, AB, T6E 5A6
Fax: (780) 437-1442