

CASW/BMS Scholarship Fund Application

Name

NLCSW Registration Number

Event Details

Name and Description of Event: **(A link to the web address or a copy of the document outlining the event, including relevant fees, must be included with the application)**

Date of Event: _____

How will this event advance your social work practice? Please highlight the knowledge and skills you hope to acquire. _____

Please outline expenses related to the event:

Expenses	Total
Fees (e.g. registration)	
Supplementary Materials	
Travel/Accommodations	
Other (please specify):	
Total Expenses	

Have you received financial assistance for this request from any other source? Yes No
If yes, please state how much assistance will be provided? _____

Signature: _____

Date _____