



Bursary Application Form

#1. Agency Leadership Development Bursary

NAME: _____

ADDRESS: _____

PHONE: () _____ FAX: () _____

E-MAIL ADDRESS: _____

POSITION TITLE: _____

AGENCY NAME: _____

EXECUTIVE DIRECTOR/CEO OR BOARD CHAIRPERSON:

EMAIL ADDRESS: _____

PROGRAM YOUR AGENCY IS FUNDED BY _____

AMOUNT REQUESTING: _____

IS YOUR ORGANIZATION A MEMBER OF ALIGN: Yes ___ No ___ AHVNA: Yes ___ No ___

1) By signing this application form, we acknowledge that we are giving the Bursary Committee permission to obtain any additional information required to make a decision on the application.

2) By signing this application form, and if approved for bursary funds, this will serve as consent to be contacted in future, for example: to complete a follow up survey.

Applicant Date _____

Signature _____

Please submit this Application to ALIGN at Suite 255, Bonnie Doon Mall, 8330 – 82 Ave

Edmonton, AB T6C 4E3 OR application to:

Email: KatieW@alignab.ca

Attach an outline and budget for your project – including the number of staff participating; desired outcomes; and any information you have on contractors/trainers you will be using.



#2 ALIGN Leadership Bursary for Non-Accredited Programs/Courses

NAME: _____

ADDRESS: _____

PHONE: () _____ FAX: () _____

E-MAIL ADDRESS: _____

POSITION TITLE: _____

AGENCY NAME: _____

EXECUTIVE DIRECTOR/CEO OR BOARD CHAIRPERSON:

EMAIL ADDRESS: _____

PROGRAM YOUR AGENCY IS FUNDED BY _____

AMOUNT REQUESTING: _____

IS YOUR ORGANIZATION A MEMBER OF ALIGN: Yes ___ No ___ AHVNA: Yes ___ No ___

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