



Association of Black Social Workers

1018 Main St. Dartmouth, Nova Scotia, B2W 4X9

902-407-8809(O) 902-435-6554 (F)

BURSARY FUND APPLICATION FORM

Applicant's full name: _____

Address: _____ Postal Code: _____

Telephone Number: _____ Date of Birth: _____

Student Status - Year: ____ (state year of program) Expected graduation date _____

Please list relevant social work educational training: _____

Please list any volunteer work experience that you consider relevant to social work. Include dates of involvement and length of time spent devoted to such activity.

Please list any voluntary/paid human service work in the African Nova Scotian community. Include dates of involvement and length of time spent devoted to the activity. _____

Signature of Applicant

Date

Please ensure the following are attached to complete your application:

- _____ a cover letter, demonstrating your need for this bursary;
- _____ a complete resume, outlining the applicant's paid and unpaid work in the social work field; and
- _____ two (2) letters of reference, one academic and one work or community related. Each reference should speak to the applicant's suitability to the field of social work.