

Reimbursement Form

Bursary for Educators – Professional Development in French

*Please complete this form **after** you have received confirmation from the Ministry that you have been selected for a bursary, and **after** you have completed the training program or attended the conference.*

A. Personal Information

LEGAL SURNAME, LEGAL GIVEN NAME	MIDDLE INITIAL	PREVIOUS SURNAME (IF APPLICABLE)	
MAILING ADDRESS (If your address has changed since you applied for the bursary)	CITY	PROVINCE	POSTAL CODE
EMAIL		PHONE NUMBER	

B. Training Program Information (if applicable)

Institution/Organization: _____

NAME OF COMPLETED COURSE OR TRAINING PROGRAM	COURSE DATES (mm/yyyy – mm/yyyy)	FORMAT	
		Online	In-person
		Online	In-person
		Online	In-person
		Online	In-person
		Online	In-person

C. Confirmation of Successful Completion of Training Program (if applicable)

To be filled out **by the institution or organization** for training programs.

An official transcript or certificate of completion and tuition receipts can be submitted instead of this section.

This certifies that the person named above has successfully completed the course or training program identified in Section B, and that the course or training program included at least 15 hours of instruction in French .			
AMOUNT OF TUITION FEES PAID BY THE PARTICIPANT	\$ _____		
SIGNATURE OF AN OFFICIAL REPRESENTATIVE – Must be signed by an administrator or the course instructor.			
NAME:		TITLE:	
SIGNATURE:		DATE:	

D. Conference Information (if applicable)

Which of the eligible conferences are you registered for (maximum of **one per person, per year**)?

ACELF	ACPI	APPIPC	BCATML	BAFF-SFU	CASLT/ACPLS
CONFERENCE YEAR:			FORMAT	Online	In-person

AMOUNT OF REGISTRATION FEES PAID	\$
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Note that receipt for conference participation must be provided, upon request.

E. Supplementary Bursary Subsidies (if applicable) - must be approved at time of application

Transportation and Accommodation - up to \$800 for one-time travel to the training program/conference location over 100 km away, including accommodation. Mileage can be reimbursed at \$0.67/km. Daily expenses during the trip (i.e., food, taxi, gas, car rental) <u>are not covered</u> .	\$
Special Assistance for Disability and/or Child care - up to \$300	\$

Note that receipts must be provided, upon request.

For more information on our Supplementary Bursary Subsidies, please review our [Bursary Criteria](#).

F. Financial Support Through School Districts

Under the Official Languages in Education Programs (OLEP) funding, school districts in B.C. receive additional funds earmarked for professional development for educators in French programs. To ensure compliance with our [Bursary Criteria](#) and help us support as many teachers as possible with our limited funds, please disclose any financial support you have received from your school district for this training/conference (e.g., 'Conference registration fees paid by my school district - \$350').

I confirm I have **not** received any financial support through my school district for this training/conference.

G. Declaration of Candidate

I declare that the information given above is complete and true, to the best of my knowledge.

SIGNATURE OF CANDIDATE	DATE
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Forms for courses, training programs and conferences must be completed and submitted by **May 31**. Return this form by uploading it on our [Extranet](#).

Collection and Use of Information:

Personal information provided on this reimbursement form is collected pursuant to section 26 of the Freedom of Information and Protection of Privacy Act, RSBC 1996, c. 165, as amended. The information collected will be used solely for the purpose of program administration. Should you have any questions about the collection, retention or destruction of this information please contact the Provincial Coordinator, French Education Branch, Ministry of Education and Child Care.

Questions? Please contact us at: EDUC.French.Bursaries@gov.bc.ca. This form is available on our [Extranet](#).