

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 attended/completed the conference or training program in question.

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. Required Information:

Conference or Training Program Year: _____	Please indicate format: Online In-person
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C. 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
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D. Training Program Information (if applicable):

Please complete this form, and have it signed by an official representative of the institution or organization that offered the course(s) or training program.

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

Institution/Organization: _____

COURSE NUMBER (if applicable)	NAME OF COMPLETED COURSE OR TRAINING PROGRAM	COURSE DATES (mm/yyyy – mm/yyyy)

E. Confirmation of Successful Completion of Training Program:

To be filled out by the institution or organization - **for training programs only** (conferences - please note the registration fee below and then skip to section F).

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

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

Transportation and Accommodation - up to \$800 for one-time travel to the course location over 100 km away, including accommodation. Mileage can be reimbursed at \$0.61/km. Daily expenses during the trip (i.e., food, taxi, gas, car rental) <u>are not covered</u> . <i>Note that receipts for travel and accommodation must be provided, upon request.</i>	\$
Special Assistance for Disability and/or Childcare - up to \$300	\$

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

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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Return this form by uploading it on our [Extranet](#).

Forms for courses, training programs and conferences must be completed and submitted by **May 31**.

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.

This form is available on our [Extranet](#).

Questions? Please contact us at: EDUC.French.Bursaries@gov.bc.ca.