

Reimbursement Form

Bursary for Teachers – Professional Development in French

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 (Use school district email address, if possible.)		PHONE NUMBER	

B. Conference Information

Conference year: _____

Which of the eligible conferences are you registered for? (Maximum of one per person per year.)

ACELF	ACPI	APPIPC	BCATML	BCLCA	CASLT/ACPLS
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Please proceed to Section E unless also requesting reimbursement for a course or training program.

C. Course Information – Please list **ONLY** successfully completed courses

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)

D. Confirmation of Successful Course Completion (To be filled out by the institution or organization)

For courses only - for conferences please proceed to section E.

This certifies that the person named above has successfully completed the course or training program identified in Section C, and that the course or training program included at least 20 hours of instruction in French.			
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:	

E. Costs Excluding Tuition and Registration Fees (To be completed by the candidate)

Transportation - One-time travel to the course location over 100 km away. Receipts must be provided except for mileage (calculated at \$0.53/km).	\$
Accommodation - Up to \$300 total, only if necessary. Receipts must be provided.	\$
Special Assistance - Must have been approved at time of application.	\$

For more information see https://www.bcedextranet.gov.bc.ca/bursary/French_Bursary_Criteria.pdf

F. 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 website at <https://www.bcedextranet.gov.bc.ca/bursary/>
Forms for courses, training programs and conferences completed on or before May 31st must be submitted by **June 30th** (i.e. the deadline for courses completed between June 1st, 2018 and May 31st, 2019 is June 30th, 2019).

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, at 250-356-2516.

This form is available online at: <https://www.bcedextranet.gov.bc.ca/bursary/>
If you have questions, please contact us at EDUC.French.Bursaries@gov.bc.ca or 250-356-2516.