

Western Canada Peer Training Society



WCPTS Bursary Application Form

Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Reasons for bursary request: (check all boxes that apply)

- Financial need
- Peer support training as a requirement for employment
- The student's personal success with mental health management
- Demonstration of benefit to the applicant's community, for example: mental health support workers or Canadian Mental Health Association volunteers
- Other

How did you hear about WCPTS?

How would you see yourself using this peer training in your community, possibly in your employment and with your family and friends?

Please tell us about your financial situation and how this bursary would be helpful.

Preferred peer training organization: _____

Acceptance of applicant from training organization: (please circle) Yes No Pending

Reasons for Acceptance: _____

Signature of Vendor (Please Print Name, Sign) _____

Bursary amount being applied for: \$ _____ Course Start Date: _____

Signature of Applicant: _____

Consent to use your name and feedback to promote WCPTS (please circle) Yes No

For WCPTS office use:

Reviewed and approved by WCPTS Bursary Committee on ___/___/___ (date)

Bursary Funding Amount to be Dispersed \$ _____ Funder: _____

Date paid to Vendor: ___/___/___