

CABA-ACAB Student Field School & Training Course Bursary

Application Form

Name:

Mailing address:

Email:

Phone number:

Current degree program and institution:

Name of the field school or training course:

Dates:

Location:

Affiliated institution:

Program director name:

Program director email:

Program website link (if available):

I am a CABA-ACAB member in good standing (i.e., student fees are paid for 2023):

☐ Yes

☐ No

If awarded these funds, I commit to providing a written report of my experience for the subsequent CABA-ACAB newsletter

_____(student initials)

Voluntary equity group information:

Are you a member of any one or more of the following equity-deserving groups? (Please select all that apply):

- ☐ Indigenous Peoples
- ☐ Visible Minority, Racialized Person, Person of Colour
- ☐ Person with a disability and/or disabled person
- ☐ Women
- ☐ Gender and/or sexual minority, 2SLGBTQIA+
- ☐ First-generation student (you are the first member of your immediate family to attend post-secondary education)
- ☐ Decline to respond

Date:

Signature:

Note: The personal information shared in this application will be used for adjudication purposes only and will not be distributed beyond the adjudication committee. All applications will be deleted at the end of each funding cycle (calendar year).