



OFFICIAL'S PROFESSIONAL DEVELOPMENT BURSARY AWARD

Background

The purpose of the Official's Professional Development Bursary is to assist officials who are interested in opportunities to upgrade their experience, education and/or certification level. The Bursary allows an official to participate in an in-province, out-of-province or out-of-country seminar or conference, attend domestic or major competitions, professional development or consult with a recognized sport expert. Subject to available funds, up to six (6) \$500 Professional Development Bursaries will be offered each season.

Eligibility Criteria

Applicants wishing to be considered for this bursary award must meet the following eligibility criteria:

- a. Be a resident of BC and registered member of Synchro BC for a minimum of two membership years prior to this application.
- b. Any certified official can apply for this bursary but priority will be given to Level 2 Certified Official or higher.

General Rules

- a. All applications must be accompanied by a recommendation from the BC Officials Committee.
- b. As a recipient of this bursary, officials will be asked to supply a photo and a detailed report of the learning activities for education, publication or promotional purposes.

Application Process

An application form must be completed in full and submitted to the Executive Director. All requested supporting information must accompany the application. The Awards Committee will review and make bursary recommendations. Decisions of the Awards Committee are subject to the approval of the Board of Directors. The committee will NOT consider late submissions.

Application Deadline

Applications will be reviewed on an ongoing basis and will be considered on a first come first serve basis up until June 15th of each year.

Contact Information

Executive Director
ed@bcartisticswimming.ca
604-333-3642



Officials Bursary Award Application Form

Applicant Information

First Name _____ Address _____
 Last Name _____ City _____
 Telephone _____ Postal Code _____
 Email _____ Current Certification Level _____
 Club Affiliation (if applicable): _____

Briefly describe the type of professional development activity you would like to undertake (max 250 word):

Professional Development Opportunity Information

Name of Event or Activity _____
 (please attach any additional supporting information)
 Dates _____ Location _____
 Registration Fee of activity (if applicable): _____

List all other costs associated with the activity: _____

Expense Type	Cost	Expense Type	Cost

Briefly summarize how this activity will assist to increase your technical knowledge and expertise:

I certify that all information contained in this application is true and complete.

 Signature of Applicant Date Signature of Parent (if under 19yrs) Date

Please submit application to:

Executive Director
ed@bcartisticswimming.ca