

NOWA Bursary Program

A. Purpose:

NOWA encourages its members to participate in continuing education for the purpose of upgrading their qualifications and/or obtaining new qualifications.

B. The Program:

The Executive of NOWA will establish an amount of money each year to be distributed as Bursaries.

The amount of each Bursary will depend on (a) the number of applications received, (b) the money available and (c) the tuition or cost of each course or program (including required class materials).

C. Eligibility:

Eligibility and priority is as follows:

1. NOWA members;
 2. Members' spouse (significant other);
 3. Members' children.
- the above hereinafter referred to as "the Applicant".

D. Acceptable Education Programs:

- (a) All University courses;
- (b) All Community College courses;
- (c) Any course which may arguably improve a member's qualifications.

E. Application Procedure:

1. Applicants will forward by mail, a copy of the course accompanied by the receipt for tuition paid together with the address and telephone number of the educational institution and a contact person at the institution which is offering the course (if available).
2. By making an application, the member applicant gives NOWA permission to contact the institution named to verify paid course or tuition.
3. Applicant's name, address, phone number and e-mail (if any)
4. See attached Application Form.

F. Time of Application:

Applications may be made at any time in a calendar year commencing in 2013. The amounts and the determination of applications will be made in November of each year. Applications in November and December will be reviewed in the following year.

Program established January 1, 2013.

BURSARY APPLICATION FORM

APPLICANT NAME: _____

APPLICANT ADDRESS:

Street _____ City _____

Postal Code _____ Province _____

COURSE NAME: _____

COURSE PROVIDER/INSTITUTION: _____

COURSE COST/TUITION: _____

COURSE MATERIAL COST: _____

If Applicant is a NOWA member's family member, name of NOWA member _____

Signature of Applicant: _____

Date of Application: _____

The Applicant hereby gives NOWA the right to verify course enrolment and cost and to distribute the names of recipients and the amounts received to NOWA members only.

Send Application by mail to: NOWA
5118 Highway 69 North,
P.O.Box 2005,
Hanmer, Ont.
P3P 1B0

Attention: Mr. Spencer Webster
Treasurer

Enquiries: Contact NOWA at: nowacanada@gmail.com