

CPAEF MBA Bursary application

Purpose

The CPAEF Education Foundation has established a fund to assist CPABC members in financial need who have been accepted into a Masters of Business Administration program at a recognized university and who have an intent to teach in academia.

letter of academic reference, and a covering letter to the CPA Education Foundation of BC, Attention: David Chiang, CPA, CA, Vice-President, Member Services, 800 - 555 West Hastings Street, Vancouver, BC V6B 4N6.

The covering letter should include an explanation of your reason for requesting financial assistance, including any extenuating short- or long-term circumstances. Additionally, you should indicate your career goals and give an estimate of the time required for you to obtain your degree.

Procedures

This form should be completed and submitted with a transcript of marks of undergraduate degree or professional certification, evidence of acceptance into the MBA program, a

The CPAEF will review all the applications received and award monies to those applicants with limited resources, special needs or disadvantaged circumstances.

Personal Information

Last Name: _____ First Name: _____ Member Number _____

Social Insurance Number _____ E-mail _____

Home Telephone _____ Business Telephone _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Work history for the past five years (indicate employer, position, nature of duties and duration of employment).

Financial Information

	Individual	Total Household
Income for the last twelve months	\$ _____	\$ _____
Expected income for next twelve months	\$ _____	\$ _____
Does your employer support your studies financially?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, advise the amount of reimbursement anticipated.	\$ _____	

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Financial Information continued

Scholarships, bursaries or other financial prizes or awards received in the last three years.

Sponsor	Date	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Dependants: Please list by relationship all those people who are completely or partially dependent upon your support.

Community Activities

Please list the organizations to which you currently belong and briefly describe the nature of your involvement.

I hereby certify that the information given on this form and in any attached documents is true, correct and complete.

Signature of Applicant

Date