Bursary Program
Funding Application Form

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Adobe Acrobat Reader

APPLICANT AND BURSARY SUMMARY

Applicant Information

Name:	Phone:
Title:	Email:

Organization represented

Name:

Address: Postal Code:

Conference or training course information.

Name:	Location:
Date:	Cost:

Have you received a Trust bursary in the past five years?
If yes, please describe

Are you from an Indigenous, rural, or remotely located community?

☐ Indigenous community ☐ Rural or remotely located community

Are you a member of an equity-deserving group?
Equity-deserving groups include, but are not limited to Indigenous Peoples, Black Peoples, and Peoples of Colour, individuals who identify as 2SLGBTQI+, persons with disabilities, and women. If yes, please describe.

Are you in the early stages of your economic development career?

If yes, please describe

What Community Economic Development themes will the event cover?

- ☐ Circular and local economies
- ☐ Indigenous business development and entrepreneurship
- ☐ Economic growth and development
- ☐ Sustainable environment and land strategies
- ☐ Other (please describe):
- ☐ Community planning and development
- ☐ Indigenous and municipal economic development partnerships
- ☐ Rural economic development

What is your involvement in community economic development in your community?

What do you hope to gain from attending the conference or training program?

BURSARY BUDGET

Budget Item	Amount:
Conference or Training Cost	$
Estimated Travel Cost	$
Total Cost	$ 0

Funding Source(s):	Status:	Amount:
Island Coastal Economic Trust	Pending	$
		$
		$
	Total Funding:	$ 0

AUTHORIZATION

- ☐ I confirm that the information in this application is accurate and complete.
- ☐ I understand that the information provided in this application may be accessible under the Freedom of Information and Protection of Privacy Act (FIPPA).
- ☐ If approved for funding, I agree to attend the conference or training in full.

By entering my name here electronically, I authorize all the above for this application:

Name (Organization Signing Authority)	Title	Date (dd mm yyyy)

Thank you – we look forward to collaborating with you to prepare your application for decision.