

Please ensure that you use the [free Adobe Reader](#) program to complete this form.



### APPLICANT INFORMATION

#### Applicant Information

Name:

Phone:

Title:

Email:

#### Organization represented

Name:

Address:

Postal Code:

#### Which bursary are you applying to?

Conference

Training Course

#### Conference or training course information.

Name:

Location:

Date:

Cost:

#### Have you received a Trust bursary in the past five years?

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 a group that has been marginalized on any grounds enumerated under the B.C. Human Rights Code, including sex, sexual orientation, gender identity or expression, racialization, disability, political belief, religion, marital or family status, age, and/or status as a First Nation, Metis, Inuit, or Indigenous person?

Yes      Please describe:

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

Yes      Please describe:

What Community Economic Development themes will the event cover?

Circular and local economies

Community planning and development

Indigenous business development and entrepreneurship

Indigenous and municipal economic development partnerships

Economic growth and development

Rural economic development

Sustainable environment and land strategies

Other (please describe):

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	\$

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

## 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 mmm yyyy)