
APPLICATION FOR A GAY/STRAIGHT ALLIANCE BURSARY



This form should be completed and returned to:

GSA Bursary, c/o Pride Education Network, Box 93678, Nelson Park PO,
Vancouver, British Columbia, V6E 4L7

Deadlines for application are: November 1st and April 1st. Email: info@pridenet.ca

1. Date:
2. School Name:
3. School Address:
4. School Phone:
5. School Fax:
6. Sponsor Teacher Contact:
7. Student Contact (optional):
8. Full name of GSA:
9. Amount Requested:
10. We plan to use the funds for (select all that apply and include estimated cost beside each):
 - Books
 - DVDs
 - Stickers
 - Brochures/posters
 - Photocopying
 - Stationary/art supplies
 - Bracelets/pins
 - Refreshments
 - Events/shows
 - Prizes
 - Workshops
 - LGBTQ resources
 - Guest speakers
 - Field trips
 - Advertising
 - Other (please specify):

(We prefer not to see too much of the bursary allocated for consumable items.)

11. Other fund-raising completed this year and amount raised:

12. Is this the first time you have applied for a GSA bursary from Pride Ed Net? Yes No

13. If no, how much did you receive and when?

The following questions may not have any bearing on our decision, but the information is helpful in assessing the needs of GSAs in the province.

Length of time your GSA has been in existence:

Average number of attendees:

Number of sponsor teachers:

Describe your goals for this year (social, educational, outreach, etc.). Please indicate which activities worked well and which did not.

What assistance (if any) do you think would be helpful to strengthen your GSA's role in your school?

Thank you for your application. Though it would be ideal if we are able to extend your group 100% of the funds requested, our goal is to allocate the funds Pride Education Network has put aside for this purpose to as many groups in need as possible. This may mean that all or only a portion of funds requested will be granted. **Successful applicants are required to send us a summary of how the money was spent.** If we have any further questions, we will contact the sponsor teacher indicated on this form.

Sponsor Teacher Signature:

Date:
