



SABAS BURSARY

SASKATCHEWAN ASSOCIATION for the BETTERMENT of ADDICTIONS SERVICES

A trust fund dispersed by way of a bursary. This fund is to be dispersed to addictions workers in the health services /addictions field. The funds will be dispersed for the purposes of assisting in the following educational opportunities:

- **tuition reimbursement**
- **advanced counselling skills**

SPONSORED and MANAGED by:

This Bursary is sponsored by the Saskatchewan Association for the Betterment of Addictions Services (SABAS). The Bursary is managed by the Saskatchewan Association of Chemical Dependency Workers, Inc. The Bursary Committee reserves the right to make the final re-imbusement decisions.

ELIGIBILITY:

Any person actively employed in the addictions field, (including practicum students enrolled in an approved post-secondary institution) whose primary role is directly related to addictions counselling and/or client/community education.

Preference will be given to those who have no other source of professional development funds.

CRITERIA:

- proof of enrolment and /or intent to enrol in a training program which aids you in becoming a more effective addictions worker
- applicants must provide addictions services in Saskatchewan
- a written description of the course, what you expect to get out of the course and how it will assist you in becoming a better addictions worker

BURSARY AMOUNT:

Eighty percent (80%) of your total tuition to a maximum of \$500 or as funds permit.

APPLICATION DEADLINE:

January 30 and June 30 per calendar year. Applications will be processed within four (4) weeks of the application deadline.

APPLICATIONS AVAILABLE FROM:

www.apask.org

APPLICATIONS SUBMITTED TO:

SABAS Bursary Committee C/O APASK, Inc.
Box 8718
Saskatoon, SK
S7K 6S7



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BURSARY APPLICATION FORM

Application deadlines January 30 or June 30 per calendar year

Name: _____

Mailing Address: _____

City/Town: _____

Postal Code: _____

Agency: _____

Telephone: _____

Current Position: _____

Relevant Duties: _____

Other Funding Source(s): _____

Program/Course Name: _____

Sponsored/Delivered by: _____

Course Description: _____

Course dates: _____ Course Fee: _____

Please describe your reasons for taking the above course, why you need financial assistance, and how this course/training will help you as an addictions worker.

A representative from the Bursary Committee will notify successful applicants in writing.

I certify that I will not be receiving funds for this course through another source.

Applicant's Signature: _____ DATE: _____

Supervisor's Signature: _____ DATE: _____

A Copy of Registration/course completion MUST be attached!!

Send Applications to: SABAS Bursary Committee C/O APASK, Inc.
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