



Teacher Welfare Contingency Grant Application

Purpose: To allow the NBTA Executive Committee to support members in extraordinary circumstances.

Fund: \$3,000 is budgeted annually for the purpose of grants.

Allocation: Teacher Welfare Contingency Grants are awarded up to a maximum of \$2,000.

Name of Grant Recipient: _____ Branch Number: _____

Email: _____ Phone Number: _____

****Fill in only if this form is filled in on behalf of the recipient****

Name of Submitter: _____ Branch Number: _____

Email: _____ Phone Number: _____

1. Please describe in detail the personal/financial situation for which you are applying. (For example, circumstances of lack of income, outstanding expenses, travel costs for medical procedures, lack of sick days, etc.). Attach a separate sheet if more space is needed.

2. How much money are you requesting from the Teacher Welfare Contingency Grant?

3. Does the grant recipient consent to allow NBTA to verify the information you have provided?

Yes, the grant recipient consents.

No, the grant recipient does not consent.

**Please attach a separate sheet if insufficient space is given here.
The applicant's name and other details are held in strict confidence.**

Please return the form to Ardith Shirley, NBTA Executive Director
650 Montgomery Street, Fredericton, NB, E3B 5R6

Or email to: Ardith.Shirley@nbta.ca

2023/10/24

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