



ICBA Apprenticeship Program \$100 Bursary Claim Form (1st & 2nd year)

DATE: _____

Student Surname _____ First name _____

Student full address _____

City _____ Postal Code _____

Trade or Occupation _____

Tradesworker ID _____

Dates of training _____

Date returned to work (mm/dd/yy) _____

Employer _____

Employer address _____

Employer signature _____

Employer name _____
(Please Print)

Please complete claim form in full, attach copies of required documentation, and mail to:

ICBA
#211- 3823 Henning Drive
Burnaby, BC V5C 6P3

or Fax: 604-298-2246

Please note the following:

- **COPY OF TRANSCRIPT MUST BE ENCLOSED.**
- Claim must be received within six months of school date completion.
- Please allow four to six weeks for processing.