

2021 CAGPO Bursary Application - CAGPO Members

Name: _____

Address: _____

E-mail: _____

Year you joined CAGPO: _____

List all the CAGPO Committees you have been a member of:

Name of institution for which you provide GPO services:

Please indicate if you work: Fulltime Part time

If part-time, number of days/week you work as a GPO: _____

Reason you are applying for this bursary:

Describe the educational activity you will conduct to fulfill the eligibility criteria of this bursary:

