

| Office Use Only | | | | |
|-----------------------|--------------------------|-----|--------------------------|----|
| Application Approved: | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Amount of Award: | | | | |
| Date Paid: | | | | |
| Cheque Number: | | | | |

INTERPROVINCIAL SCHOOL DEVELOPMENT ASSOCIATION

APPLICATION FOR FINANCIAL SUPPORT: PROFESSIONAL DEVELOPMENT & TRAINING (Staff Only)

Please complete **all** sections of the application with **typed** information.

Return completed application to:

**Interprovincial School Development Association
5940 South Street, Halifax, NS B3H 1S6**

Name(s) of Individual(s)/Group(s) Involved (Please type all information.)

Name _____

Address _____

E-Mail Address _____

Telephone _____

Description of Professional Development *(attach brochure if available)*

Please indicate how this will benefit you in your work with APSEA.

Estimated Cost *(please itemize)*

Other Sources of Funding Explored and Received *(attach correspondence indicating requests for funding)*

Additional Information

I hereby certify that the information on this application is, to the best of my knowledge, true and complete.

Signature: _____

Date: _____