

FORM 1

GEDSBOT APPLICATION FOR  
Professional Learning CONFERENCE FUNDS

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address including postal code: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Title of event: \_\_\_\_\_

Date of event: \_\_\_\_\_

Rationale for this Professional learning experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Funding Requested: \$ \_\_\_\_\_

***THIS PROFESSIONAL LEARNING/ INSTITUTE/ COURSE WILL NOT BE USED FOR  
ADDITIONAL QUALIFICATION PURPOSES.***

Applicant's signature: \_\_\_\_\_