



FORM 1

GEDSBOT APPLICATION FOR Professional Learning FUNDS

Name: _____ Date of Application: _____

Address Including Postal Code: _____

Email Address: _____ Telephone: _____

Title of Event: _____

Start Date of Event: _____ End Date of Event: _____

Institution: _____

Rationale for this Professional learning experience:

Total Funds Requested, including fees, hotel, parking and mileage (at \$0.61 per km), to a maximum of \$450.00: \$ _____

_____ (initial) I understand that applications must be made prior to attending a conference/workshop/course. There are no retroactive approvals.

Applicant's signature: _____

*** you must complete and submit your completed Form 2 and all required documents within 30 days of the completion of your program***

