



THE ONTARIO ENGLISH CATHOLIC TEACHERS' ASSOCIATION

ALGONQUIN-LAKESHORE UNIT

PROFESSIONAL DEVELOPMENT FUNDING REQUEST FORM

Name: _____ Email: _____

Date of Application: _____ School: _____

Conference/Workshop/Course: _____

Sponsoring Person or Organization: _____

Location: _____

Event Date: _____ Estimated Expenses: \$ _____

If you anticipate receiving funds from other sources, please list the amount:

School P.D. Budget \$ _____ Board P.D. Budget \$ _____

Professional Growth Fund \$ _____ Other \$ _____

Requests are to be forwarded to the P.D. Committee Co-chair listed below

To be completed by the P.D. Committee Co-chair

Date Received: _____ Approved Expenses: _____

Comment:

Signature of P.D. Committee Co-chair _____

For approval, a copy of this form is to be forwarded to:

West Region

Cyndi Kelly – St. Mary School, Trenton

kellycy@alcdsb.on.ca

Fax 613-392-2368

East Region

Dan Graham – Regiopolis Notre Dame, Kingston

oectapdeast@outlook.com

Fax 613-548-4024

FOR REIMBURSEMENT:

PLEASE FORWARD **RECEIPT** & **CONFERENCE SUMMARY FORM**

WITHIN 30 DAYS OF CONFERENCE ATTENDANCE OR COMPLETION OF COURSE.