



PROFESSIONAL DEVELOPMENT GRANTS APPLICATION FORM

NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

PHONE LOCAL: \_\_\_\_\_ EMPLOYEE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EMPLOYMENT STATUS

- Permanent Non-Permanent Special Project

TYPE ACTIVITY / PURCHASE (Please attach any available literature):

- Credit Course Non-Credit Course Workshop Conference/Seminar Computer Other:

SEMESTER (if applicable):

- Fall (year): Winter (year): Summer (year):

DESCRIPTION OF ACTIVITY/COURSE/PURCHASE:

[Empty box for description of activity/course/purchase]

Date(s) \_\_\_\_\_ Duration \_\_\_\_\_

NAME AND ADDRESS OF INSTITUTION (if applicable):

[Empty box for institution name and address]

PLEASE EXPLAIN HOW THIS ACTIVITY OR THIS PURCHASE RELATES TO YOUR WORK:

[Empty box for explanation of work relation]

AMOUNT REQUESTED: \_\_\_\_\_

Signature of Applicant

Date (YYYY-MM-DD)

FOR ADP PROFESSIONAL DEVELOPMENT COMMITTEE USE ONLY

AMOUNT APPROVED BY ADP: \$ \_\_\_\_\_ DATE: \_\_\_\_\_

Signature of ADP Prof. Dev. Cttee. Rep. Date

Signature of ADP President Date

Cheque issued on: \_\_\_\_\_