

EGSA Professional Development Grant Application



Name (last, first, initial): _____

Student Number: _____

Email: _____

Phone Number: _____

Degree Program: _____

Senior Supervisor/Pro Tem: _____

- On back of this application, describe the PD opportunity (e.g., presenting/attending a conference, type of field research, other [brief description])
- Outline relevance of this PD activity to your research/ program/career aspirations

PD activity location: _____

PD activity date(s): _____

Projected Budget: Expected Expenses in Canadian Funds

Airfare:	\$
Ground Transport (i.e. bus / taxi):	\$
Event Fees:	\$
Accommodation	\$
Other Expenses (explain, meals not included):	\$
TOTAL EXPENSES (estimate):	\$

Grant applying for (select one): \$200_____ or \$400_____

Check List: ___ signed application, ___ PD description and relevance, ___ confirmation of enrollment

I declare all information provided above to be true, and if this application is approved, I agree to abide by the Terms of Reference and procedures of this grant. My name and date below constitute my agreement to this declaration.

Applicant Signature: _____

Date: _____

For EGSA use only – Recommendation of the EGSA

This confirms that the above applicant is recommended for the EGSA professional development funding in the amount of _____.

For reference, please refer to the ___ Jan, ___ May, ___ Sept, 20__ EGSA General meeting minutes.

EGSA Treasurer: _____

Date: _____