

## ETOBICOKE/YORK SUB-UNIT

## **Professional Development Application Form 2023-2024**

PLEASE CHECK ONE OF THE TWO OPTIONS BELOW							
Applicant is an Individual Applicant is a Group							
APPLICANT(S) INFORMATION							
Applicant's Name							
Date of Application							
School Name							
School Phone Number							
E-mail Address							
CONFERENCE INFORMATION							
Name of Conference or	Workshop						
Name of Presenting Org	anization						
Location							
Date of Conference or Workshop					Registration Fee \$		
				•			
FUNDING INFORMATION							
Are you applying from another source? (Circle Yes or No) Yes					No		
Source Source				Amoun			
Have you already applied this year from your sub-unit?				**			
(Circle Yes or No)				Yes	No		
If you have applied to the sub-unit, what was the amount you				received	? \$		
I am a member of the Toronto Elementary Catholic Teachers and I have read the "Criteria for Sub-Unit Professional Development Funding".							
Signature of Applicant Etobicoke/York Sub-Unit OECTA Member  Signature of Association Representative							
All requests for funding are to be sent to: Mark Scatozza (PD Chair), Holy Angels							
Phone: 416-393-5329 Fax: 416-393-5437 Email: mark.scatozza@tcdsb.org							
Completed applications <u>must be received at least two weeks prior to the Conference/Workshop date</u> and no later than May 31.							
The official receipt <u>must be received no later than 30 days after the conference</u> to receive funding.							
FOR EXECUTIVE USE ONLY							
Request Granted  Date Received	Circie Yes or	No) Cheque #			Yes	No \$	
					Amount	<b>)</b>	
<b>Confirmation Sent</b>			Applic	ation #	<u> </u>		