

Confirmation Sent

TORONTO/EAST YORK SUB-UNIT

Professional Development Application Form 2023-2024

PLEAS	E CHECK (ONE OF THE TV	VO OPT	TIONS BELO	W
Applicant is an Individu				oup	
1 1	L	11		<u>.</u>	
	APP	LICANT(S) INFOR	MATION		
Applicant's Name					
Date of Application					
School Name					
School Phone Number					
E-mail Address					
	CONF	ERENCE INFOR	RMATIO	ON	
Name of Conference or	Workshop				
Name of Presenting Org					
Location	,				
Date of Conference or Workshop			Registration Fee \$		
	1		ı.		
	FUN	NDING INFORM	ATION		
Are you applying from another source? (Circle Yes or No)				No	
Source			Amount		
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				? \$	
I am a member of the Toron Professional Development I	Funding".			the "Criteria for S of Association Re	
Toronto/East York Sub-Unit OECTA Member					
All requests for fundi	ng are to be s	ent to: Catherine N	Maiolo (P	PD Chair) St /	nthony
All requests for funding are to be sent to: Catherine Maiolo (Phone: 416-393-5210 Fax: 416-393-5793 Email:					
Phone: 416-393-5210					
Completed applications <u>nand no later than May 3</u> The official receipt <u>must</u>	<u>1.</u>		-		-
The official receipt must	be received in	naci than 50 days a	iter the C		
FOR EXECUTIVE USE ONLY					
Request Granted	(Circle Yes or			Yes	No
Date Received		Cheque #		Amount	\$

Application #