



Staff Education Grant Application

PART 1: TO BE COMPLETED BY APPLICANT

Name: _____ Position Title: _____

Department: _____ Telephone: _____

Department Address: _____ Email: _____

Number of years currently employed in the care of the 0-18 year population: _____

Have you received funding through this grant? If so, when: _____

Have you applied for any other source of funding? If so, please list: _____

Conference / Workshop / Course applying for (attach brochure): _____

Location: _____ Date: _____

Relevance to your position: _____

Detailed Summary for sharing information/knowledge gained (limit – one page):

