

1. Contact Information

Name: _____

Membership/Registration Number: _____

2. Information Regarding Educational Event

Name and Description of Event:

Date of Event: _____

How does this event pertain to your professional development?

Please outline expenses related to event:

Fee (registration, tuition, etc.): _____

Supplementary materials: _____

Travel/accommodation: _____

Other (specify): _____

Total: _____

Have you received financial assistance for this request from any other source?

yes no

If yes, please state how much assistance will be provided?

Please state amount of funding being requested through the Professional Development Fund **(Please note that monies available will not exceed \$300.00):**

3. Notification and Issuance of Funding

- Successful applicants will receive written notification of the outcome of their applications 30 days following the applicable deadline date.
- Applicants have up to 30 days following the educational event to submit expense receipts to be eligible for payment.

4. Personal Statement

- I declare that the information provided on this form is accurate and correct. I hereby authorize the NLCSW to validate any of the aforementioned information if required.
- I understand that if the application is not completed in full or if the required documentation is not attached, I may be disqualified for funding for this request.

Signature

Date

The completed application and attachment(s) can be submitted by:

- Mail:
NLCSW
P.O. Box 39039
St. John's, NL
A1E 5Y7
- Email: info@nlcsw.ca
- Fax: (709) 753-0120