PSAC Local 555
University of Ontario Institute of Technology
2000 Simcoe St. North
Oshawa, ON L1H 7K4
ERC 1085
email: Office@PSAC555.ca, phone: (905)721-8668 ext. 5418

Professional Development Contest Application Form

Instructions

Please refer to the Professional Development Contest Policy for details of eligibility, requirements, and assessment procedures.

The Professional Development Contest is for PSAC Local 555 members who require financial assistance for professional or academic advancements. Please complete this form, attach supporting documentation (i.e. receipts of expenses), and submit it to Office@PSAC555.ca for consideration. Applicants remain anonymous during the evaluation procedure. Winners are only identified once results are finalized.

Note that funding can only be granted to members who have incurred expenses which can be proven at the time of application; future expenses are not covered.

Contact Information:

Name:

UOIT email:

Department:

Address:

Street number and name:

City, Province: Postal Code:

I hereby certify that the information provided in this application is complete and accurate.

Signature: Date:

For office use only

ID: Date received: Initials:

Professional Development Information

Please provide information regarding the professional/academic development activities for this application:

Give details about the professional development you are requesting funding for (conference registration or travel, workshop attendance, research materials, etc.). Include the expense amounts:

[ ]

Date(s) of professional development event(s), if applicable: [ ]

Total professional development related expenses: $ [ ]

List the sources of available funding you have used for this professional development (funding from your supervisor, conference travel awards, etc.). Include the funding amounts:

[ ]

Total amount covered by available sources of funding: $ [ ]

Please enter the amount you are claiming for professional and/or academic development. You can only claim the difference between the total expenses and the total amount covered by other available sources of funding, up to $500:

TOTAL CLAIM AMOUNT: $ [ ]

Ensure that all supporting documentation (bills/receipts) are attached.

Use the space below to provide any additional information that you believe supports your request for financial assistance for professional development. Please do not state your name or other information that will readily identify you.