



## APPLICATION FOR PROFESSIONAL DEVELOPMENT ASSISTANCE

Forward Completed Application To: **Professional Development Assistance Coordinator**  
Reg Leidl Box 1241 Esterhazy, SK S0A 0X0  
reg.leidl@gssd.ca

1. Name: \_\_\_\_\_  
(Surname) (First Name)
2. Home Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ P Code: \_\_\_\_\_
3. Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Fax) \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. School \_\_\_\_\_
6. Work Assignments: (ie. Grade 8 all subjects, Grade 1, 2, 3, Phys. Ed.) \_\_\_\_\_

**NOTE: Funding Assistance is for the SPEA Conference only. Conference registration fees do not apply.**

7. Details of Expenses Required: **Receipts are required for all claimed expenses.**

- Transportation: (out of town only) #kms \_\_\_\_\_ x \$.25 \$ \_\_\_\_\_
- Accommodation: (out of town only) \$ \_\_\_\_\_
- Meals While Traveling: Breakfast \$10.00 \$ \_\_\_\_\_  
Lunch \$10.00 \$ \_\_\_\_\_  
Supper \$20.00 \$ \_\_\_\_\_
- Substitute Days: \_\_\_\_\_ @ \$ \_\_\_\_\_ \$ \_\_\_\_\_
- Other: (specify) \$ \_\_\_\_\_
- Total Expenses Requested: \$ \_\_\_\_\_

8. Leadership and Experience in the field of Physical Education: \_\_\_\_\_  
\_\_\_\_\_

9. Rationale for application and benefits from participation in this Conference: \_\_\_\_\_  
\_\_\_\_\_

10. Have you received P.D. Assistance from SPEA in the past?  Yes  No

If yes, when? \_\_\_\_\_

11. What other funding alternatives are available to you? \_\_\_\_\_

12. Are you a current SPEA member?  Yes  No

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**Deadline Date: February 28 Annually**  
**ALL FUNDING MUST BE CLAIMED BY JUNE 30 ANNUALLY**