



PROFESSIONAL DEVELOPMENT REQUEST FORM FOR GROUP FUNDING

Date of Application : _____

Work Location: _____ Positions: _____

Names: _____

If additional space is required please use the back page

Contact Name: _____ Phone #: _____

Email: _____

YOU MUST APPLY TO WSD FOR PD FUNDING PRIOR TO APPLYING TO WANE.

Name of Professional Development: _____

Date of Professional Development: _____

Total cost of Professional Development: _____

Amount of \$ requested from WSD: _____

Amount of \$ approved by WSD: _____

Amount of \$ requesting from WANE: _____ (Maximum \$250.00)

Who do you want the cheque made payable to: School Company
Employee Name: _____

** Please include a copy of your WSD PD Application, brochure or information about the Professional Development and copy of the receipt.

Describe how this Professional Development will meet your goals: _____

Have you received group funding from W.A.N.T.E. previously? Yes No If so, when?

Signature of Applicant: _____

Signature of Principal : _____ (not required if outside work hours)

Office Use Only

Approved by Committee: _____	Date: _____
Denied by Committee: _____	Reason: _____

Please return this completed form in the courier to:

W.A.N.T.E.
111-1555 St. James Street – Winnipeg, MB- R3H 1B5