



PROFESSIONAL DEVELOPMENT REQUEST FORM FOR INDIVIDUAL FUNDING

Date of Application : _____

Name: _____
(Please Print)

Work Location: _____ Position: _____

Email: _____ Phone #: _____

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

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 WANTE: _____ (Maximum \$250.00)

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

**** 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 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)

<u>Office Use Only</u>	
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