

*VTAM PROFESSIONAL DEVELOPMENT COMMITTEE  
CONFERENCE AND SEMINAR  
FUNDING REGULATIONS*

1. No persons other than VTAM members in good standing will be considered for assistance by the committee.
2. Application for conference and seminar funding must be made to the Professional Development Committee Chairperson no later than thirty days before the conference or seminar.
3. The minimum amount of funding considered by the Professional Development Committee will be \$25.00.
4. Consideration for assistance in other expenses will be given by the Professional Development Committee. Assistance will be given to those persons qualifying for conference or seminar funding.
5. The **maximum** assistance to any one person will be \$200.00.
6. Applications for assistance from any member will be considered only once each school year.
7. Application for funding will be submitted on application Form A (VTAM Professional Development Committee Grant Application).
8. Upon approval of an application, the applicant will be notified by the committee chairperson through a letter whose contents contain the information on the amount of support granted.
9. After attending the conference or seminar, the member shall complete and submit Form B (VTAM Professional Development Resource Personal Record). Upon receipt of a typewritten article suitable for publication in our journal on floppy disk concerning the conference, seminar, etc. a cheque for the amount of assistance will be issued to the VTAM member by the VTAM treasurer. The article will be submitted no later than 60 days after the completion of the conference.
10. P.D. Funding made available for any individual conference will not exceed \$200.00.

PROFESSIONAL DEVELOPMENT COMMITTEE  
Grant Application

GENERAL INSTRUCTIONS

Please print or type all answers. If the question does not apply to you, mark N/A.  
Return completed form to the Professional Development Chairperson VTAM.

Trish Goldrup  
1555 Wall Street  
Winnipeg MB R3E 2S2  
tgoldrup@wsd1.org  
Cell Phone: 204.802-4087 – Work Phone: 204.786-1401

1. Individual or Group

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of School: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_

2. Name of Conference, In-Service, Etc.

\_\_\_\_\_

\_\_\_\_\_

3. Travel Itinerary

Departure from: \_\_\_\_\_ Date: \_\_\_\_\_

Arrival at: \_\_\_\_\_ Date: \_\_\_\_\_

Length of stay: \_\_\_\_\_

4. Reason for attending Conference, In-Service, Etc.

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5. Aims of Conference, In-Service, Etc.

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6. Outline or Agenda for Conference and Confirmed List of Activities, Speakers, Etc.

Please attach a copy of the registration form.

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7. Organization(s) or Group(s) or Individuals Supporting Your Participation at the Conference.

Name:

Type of Support:

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<hr/>	<hr/>
<hr/>	<hr/>

8. Budget:

A. Expenditures

Per person

Total

Travel

<hr/>	<hr/>
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Rail

<hr/>	<hr/>
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Plane

<hr/>	<hr/>
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Bus

<hr/>	<hr/>
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Car

<hr/>	<hr/>
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Accommodation

<hr/>	
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Meals

<hr/>	
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Registration fees

<hr/>	
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Other (specify)

<hr/>	
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Total:

<hr/>	
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B. Revenue

Contribution of school \_\_\_\_\_

Participants \_\_\_\_\_

Other (specify) \_\_\_\_\_

Total: \_\_\_\_\_

C. Amount requested from Professional Development Committee:

\_\_\_\_\_

\_\_\_\_\_

9. Have you ever obtained financial support from the Professional Development Committee? \_\_\_\_\_

If so, when? \_\_\_\_\_

10. I certify that, to the best of my knowledge, the information provided by me in this grant application form is accurate and complete, and that the conference is endorsed by the school which I represent. In addition, I would be willing to assist with planning an in-service related to the conference attended.

Signature: \_\_\_\_\_

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Date presented to VTAM committee: \_\_\_\_\_

Approved: YES \_\_\_\_\_ NO \_\_\_\_\_

Amount: \_\_\_\_\_

Receipts submitted upon return? YES \_\_\_\_\_ NO \_\_\_\_\_

Article submitted for TechTalk? YES \_\_\_\_\_ NO \_\_\_\_\_

PD /SAG Chair signature upon closure of funding \_\_\_\_\_

Denise Letienne

VTAM PROFESSIONAL DEVELOPMENT RESOURCE PERSONNEL RECORD  
(to be completed after attendance at the conference)

1. Type of session attended:

- a) Subject \_\_\_\_\_
- b) Type (workshop, lecture, etc) \_\_\_\_\_
- c) Length of session \_\_\_\_\_

2. Brief evaluation of session(s) attended (please include instructors, speakers, etc.):

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3. Would you recommend a similar session for the VTAM membership?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, would you be willing to assist with planning and/or presentation of such a session?

Yes \_\_\_\_\_ No \_\_\_\_\_

Type of session you would prefer:

- a) Workshop
- b) Lecture
- c) Small group discussion
- d) Other

4. Further comments:

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5. Please make any relevant material obtained at the conference available for a permanent file.

6. Please attach a write-up for VTAM newsletter and copy of receipt of conference fees paid.

*Please complete at your earliest convenience and forward to:*  
Chairman of VTAM Committee