



**ONTARIO SECONDARY SCHOOL TEACHERS' FEDERATION
DISTRICT 11 THAMES VALLEY**

680 Industrial Road, London, Ontario, N5V 1V1
Telephone: (519) 659-6588 Facsimile: (519) 659-2421
E-Mail: osstf11@execulink.com

**EDUCATIONAL SERVICES COMMITTEE (ESC)
REQUEST FOR FUNDING ASSISTANCE FOR INDIVIDUAL P.D. ACTIVITIES 2009- 2010**

This form is for members of District 11 to request funds from the Educational Services Committee to pursue professional, curricular and educational issues and to support the goals of Professional Development in the District for the year **2009 - 2010**.

Please note the following:

1. The maximum funding is **\$125.00** per individual for one P.D. activity this school year.
2. **The ESC reserves the right to distribute PD funds equitably among District 11 workplaces.** (Refer to Professional Development Funding Information at www.osstf11.com/ESCpdfunding.htm).
3. Applications should be received prior to the activity. However, retroactive grants will be considered in September and October for summer professional development.
4. **Eligible items:** registration, accommodation, transportation costs (with receipts) for one round trip from home to event location, course/workshop related materials, meals (maximum allowed \$10 each for breakfast, lunch; \$25 for dinner/day).
5. **Items not funded:-** class coverage, courses that may result in system or salary advancement, or other expenses deemed ineligible by the Ed Services Committee.
6. **Funding approval is contingent upon your request for school/department funds.**
7. **Members are required to submit their conference receipts to the OSSTF District Office by 21 calendar days following the PD event or funds may be allocated to other members' PD.**

Please complete the form and forward to Educational Services Committee c/o Laurie Lafraniere at the District Office. You will receive confirmation of the Committee's decision within 10 days after the next scheduled Ed Services meeting. You will be required to submit original receipts for all claimed expenses unless other arrangements are agreed to in advance. All requests for reimbursement must be received by June 15th of the current school year to guarantee payment.

REQUEST FOR FUNDING ASSISTANCE

Date of Request: _____ Date of Event: _____
 Name: _____ Workplace: _____
 Contact/Workplace Phone: _____ Contact/Workplace FAX #: _____
 Home Phone: _____ Name of P.D. activity _____
 Location of P.D. activity (city, town): _____
 Rationale for Attending: _____

*** (Registration Form, Brochure or Event Information and the appropriate signatures MUST accompany application)**

Projected costs:

Registration	\$ _____	Travel (1 round trip)	\$ _____
Accommodation	\$ _____	Meals	\$ _____
Other	\$ _____	for _____	(specify)
Total Costs	\$ _____		

Total assistance from own workplace: \$ _____ from _____

*** (Applicants must request support from school PD funds in order to be considered for District approval.)**

Amount requested from District 11 \$ _____ (maximum \$125.00)

SIGNATURE - APPLICANT

FOR OFFICE USE: DISPOSITION

**SIGNATURE - BRANCH or BU PRESIDENT/
EDUCATIONAL SERVICES REPRESENTATIVE
(Must be completed)**