###### Speech-Language Pathologists and

###### Audiologists Association (SPAA)

###### Professional Development Grant

***Application Form***

In an attempt to support its’ members in professional development, SPAA has established a fund to serve this purpose. Grants may be awarded to a maximum of $450.00. If the fund is depleted, no further grants will be dispersed that year. You will be notified of approval prior to the professional development activity. Grants will be provided once receipts have been submitted.

**Criteria/Guidelines**

* Only current SPAA members are eligible to apply.
* Grants will be awarded for professional development in the areas of speech-language pathology and/or audiology.
* A member may only receive one SPAA grant per three year period.
* Completed application must be received by SPAA at least 3 weeks prior to the activity.
* All receipts must be submitted within 60 days of completing PD activity in order to make a claim.
* Applicants must submit a summary of the professional activity for the SPAA Website after attending the event.

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| --- | --- |
| **Application 2022-2023** | |
| **Name of applicant:** |  |
| **Preferred pronouns:** |  |
| **Home address:** |  |
| **Mailing address:** |  |
| **Regional Centre for Education:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Name of Activity:** |  |
| **Date(s):** |  |
| **Location:** |  |
| Please describe the nature of your professional development activity (enclose a brochure if able). | |
| **Estimated Cost(s)** | |
| Registration: | $ |
| Accommodations: | $ |
| Travel: | $ |
| Meals: | $ |
| Oher: | $ |
| **TOTAL COST:** | **$** |

Are you receiving funds from another source? Yes  No

If yes, please indicate the amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has SPAA funded you in the previous three years? Yes  No

If yes, please indicate when \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently a member of SPAA? Yes  No

Date of submission: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Electronic signature: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit application (scan completed application and attach) to:**

Katelyn Mansfield

katelyndmansfield@gmail.com