

## Cameron Tkachuk Memorial Professional Development Fund

### APPLICATION FORM

**Deadlines: November 1<sup>st</sup> and March 1<sup>st</sup>**

Return completed form to the Programs Office, Room 3350, 3<sup>rd</sup> floor, Education Building  
or email to [awards.education@usask.ca](mailto:awards.education@usask.ca)

<b>Name</b> <i>(please print)</i>	<b>U of S Student #</b>	<b>NSID</b>
<b>Address</b> <i>(including postal code)</i>		<b>Telephone #</b>

<b>Professional Development Event/Activity</b>	
<b>Date(s) of event</b>	
<b>Location of event</b>	
<b>Are you presenting at this event?</b> <i>(circle one): YES or NO</i>	<i>If yes, please provide proof of acceptance to present.</i>
<b>Will you miss classes?</b> <i>(circle one): YES or NO</i>	<i>If yes, have you received permission from your instructors?</i>

**Please describe the nature of the educational professional development. Please include any supporting documentation (advertisements/description):** *(use back of page if necessary)*

**Describe how this event will benefit you:** *(use back of page if necessary)*

<b>Estimated costs:</b>		<b>Amount:</b>
<b>Registration fee</b>		
<b>Travel</b>	Specify airfare/automobile/other:	
<b>Hotel</b>	Cost per night? <span style="margin-left: 100px;">How many nights?</span>	
<b>Meals</b>	How many meals provided by conference?	
<b>Total:</b>		
<b>Funding from other sources</b> <i>(circle one): YES or NO</i>		<i>If yes, what amount?</i>
<b>TOTAL REQUEST</b>		

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_