



CCAEO Scholarship Application Form

Name: _____

Institution/Organization: _____

CCAEO Member: Yes No (note, only CCAEO Ontario members are eligible)

Address: _____

City: _____ Prov: ON Postal Code: _____

Bus. Phone: _____ E-mail: _____

Title/Position: _____

Current responsibilities:

Years of Advancement Experience: _____

Please list conferences/professional development courses you have attended in the last 3 years:

Did your organization pay for the above? Yes No

Which CCAEO conference/workshop do you plan to use this funding to attend?:

CCAEO Summer Institute Other CCAEO Conference _____

CCAEO Fall Workshop

How will your attending the conference assist you with your current position?

Number of staff in Advancement Office: _____

Without this scholarship, is it likely you will be able to attend the above-mentioned conference?

Yes No

If no, please explain _____

Please submit this application to:

Liz Gorman, Co-Chair, Volunteer Management Committee, CCAEO-Ontario
c/o Queen's University, 55 Stuart St, Summerhill, Kingston, ON K7L 3N6

Tel: 613-533-6000 ext. 77916, Fax: 613-533-2255

Email: elizabeth.gorman@queensu.ca