

CCAEO



The Paul Webb 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: (note, scholarship is restricted to those who work in alumni relations)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 funding to attend:

CCAEO Summer Institute  Other CCAEO Conference \_\_\_\_\_

CCAEO Fall Workshop

How would you, your institution, and the profession benefit if you were to receive the Paul Webb Scholarship award? (please limit response within the space provided)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Email: elizabeth.gorman@queensu.ca