



Canadian Council for the Advancement of Education | Le Conseil canadien pour l'avancement de l'éducation

The CCAE Regional Chapter Scholarship Application Form

Name: _____

Institution/Organization: _____

CCAIE Member: Yes No

(note, the candidate must be employed by a CCAE member institution in Ontario to be eligible)

Address: _____

City/Province/Postal Code: _____

Bus. Phone: _____ Email: _____

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 CCAE conference/workshop do you plan to use funding to attend:

CCAE Summer Institute CCAE Fall Workshop

Other CCAE Conference _____



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How will your attending the conference assist you with your current position? (please limit response within the space provided)

Multiple horizontal lines for writing a response.

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: _____

Multiple horizontal lines for explaining the answer.

Please submit this application by April 5, 2012:

CCAIE National Office / Bureau national du CCAIE

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