



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

The Paul Webb Scholarship Application Form

Name: _____

Institution/Organization: _____

CCAe 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: *(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 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 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 by April 5, 2012:

CCAÉ National Office / Bureau national du CCAÉ
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