

Professional Development Fund



A.A.E.S.Q.
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Event Title:

Date(s):

Location:

Priority (1 to 4):

Name /Applicant:

School/Centre:

Local:

DEADLINE DATE:

No. of AAESQ Members Involved:

Supporting Documentation Attached

BUDGET DETAILS

Projected Expenses (provide description for each)	Quantity	Unit Price	Amount
Funds Available from Other Sources (provide details)	Quantity	Unit Price	Amount
Additional Comments:	Sub-Total		
	Amount Requested from AAESQ:		

 Signature of President of Local:

Date Submitted:

RESERVED FOR AAESQ:

Amount Granted: _____
 Approved by: _____