

REQUEST FOR SCHOOL /DEPARTMENT / AREA PROJECT

Request for School Project Department Project Area Project

NAME: _____ SCHOOL/DEPT: _____

TELEPHONE (School) : _____ Fax: _____

ATTACH A PROJECT PROPOSAL INCLUDING THE FOLLOWING INFORMATION:

- Type of Project (Area or School/Dept.)
- Name of Project
- Participants and their schools/departments
- Dates
- Detailed description of project including:
 - How the project is aligned with divisional goals
 - Interest and applicability to CUPE Support Staff
 - Anticipated learning outcomes
 - Benefit to student learning
- Detailed Budget
 - Not to exceed \$2000
 - Not to include release time, classroom supplies/resources
 - May include expenses and costs of speakers, meals, consumable materials for use during the project, expenses associated with organizing project (be specific) and required resource media

Date Received

Signature of Applicant

Signature of Chair: PG Fund Committee

Submit Applications for School or Department/ Area Projects to:

CUPE Chair of the CUPE Professional Growth Committee at cupe1357pg@gypsd.ca

Distribution: Chair PG Fund Committee