# SESSIONAL LECTURERS’ ACADEMIC PARTICIPATION/PROFESSIONAL DEVELOPMENT AND TUITION WAIVER FUND

**APPLICATION FOR ACADEMIC PARTICIPATION OR PROFESSIONAL DEVELOPMENT EXPENSE REIMBURSEMENT**

* For reimbursement of expenses related to scholarly activities (e.g., conference registration and travel) or professional development (e.g., professional dues)

Applications must be submitted electronically to [**cupe3287grants@gmail.com**](mailto:cupe3287grants@gmail.com), cc’d to [**cupe3287@gmail.com**](mailto:cupe3287@gmail.com).

**GUIDELINES**

* Please read the **complete guidelines** for the fund before filling out this form: <https://3287.cupe.ca/resources/funds-and-benefits>/.
* Applicants must include a copy of their **current CV** and an **itemized budget** for the project together with their completed application form.
* **Incomplete or inaccurate applications** will not be accepted. **All fields must be completed, or your application will be rejected.** If a field is inapplicable to your case, indicate this with the abbreviation N/A.

|  |  |
| --- | --- |
| FULL NAME: | |
| COLLEGE AND DEPARTMENT: | |
| ADDRESS: | |
| **TELEPHONE #:** | E-MAIL: |
| **EMPLOYEE NUMBER:** | NSID: |
| FIRST REFERENCE:Name:Telephone:E-mail: | |
| SECOND REFERENCE:Name:Telephone: E-mail: | |

|  |
| --- |
| **MOST RECENT COURSE YOU HAVE TAUGHT IN-SCOPE OF CUPE 3287 (i.e., as a Sessional Lecturer)** Name:Term: |
| DESCRIPTION OF PROJECT *Offer a detailed justification of your planned activities. For example, if you are applying for the reimbursement of conference travel, specify whether you are presenting at the conference or simply attending as a participant. Please provide enough details to allow the committee to judge the project based on its necessity (how will the project contribute to your academic participation or professional development?) and its feasibility (how likely is it that you will be able to carry out the project?). Remember to attach an itemized budget to your application.* ***Please limit your proposal to a single project.*** |

|  |
| --- |
| COST OF THE PROJECT: $ |

|  |
| --- |
| FUNDING FROM OTHER SOURCES (describe below if applicable): $ |

|  |
| --- |
| AMOUNT REQUESTED FROM THE AP/PD FUND: $ |

|  |
| --- |
| **LIST ALL PREVIOUS APPLICATIONS TO THE AP/PD FUND AND THE DATE ON WHICH THEY WERE APPROVED.**  *Failure to list previous applications may result in your proposal being rejected.*  1.  2.  3. |

|  |
| --- |
| **SIMILAR PROJECTS/EVENTS**  Number of similar projects, events, conferences, workshops or courses attended AND for which you received funding, regardless of source.  1.  2.  3. |

**Please note you are required to provide your CV along with an itemized budget accompanying your proposal. Along with these, please outline below any other supporting documents you have attached to your application.**

**1.**

**2.**