



**Application for Professional Development Assistance**

**PERSONAL DATA:**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years in Position \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_

Member of AAFRE: \_\_\_\_\_ Corporate \_\_\_\_\_ Individual \_\_\_\_\_ Other \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Other Fundraising Experience: \_\_\_\_\_

\_\_\_\_\_

**Funds Requested For:**

Name of Opportunity: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Date of Opportunity: \_\_\_\_\_ Location: \_\_\_\_\_

Opportunity Objectives: \_\_\_\_\_

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(Please submit a detailed copy of the information regarding this opportunity.)

**AMOUNT REQUESTED**

Amounts should not exceed the course/conference registration fee. However, in rare cases, other costs may be considered. If you are applying for more than the registration fee, provide detailed information regarding need. 50% of the course/conference will be sent upon approval of the applicant and 50% will be sent upon receipt of the report.

Registration Fee: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

**OTHER INFORMATION:**

Have you previously attended a similar Event/Opportunity? If yes, please provide details:

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Has your organization received AAFRE professional development assistance in the last two years? If yes, please provide details.

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As an individual, have you ever received AAFRE professional development assistance? If yes, please provide details.

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What do you expect to bring back to AAFRE?

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Use this space for additional information:

You will be required to submit a written report within 30 days of attendance at the course/conference (see the Recipient Report Guideline) in order to receive the last 50% of the Professional Development Grant.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Please return your completed form to Laurie Szymanski at AAFRE by email, fax or mail using the contact information below. You can also reach Laurie at (780) 492-7337 if you have any questions. AAFRE will refer you to the Chair of the Professional Development Committee.

AAFRE  
11032-89 Avenue  
Edmonton AB T6G 0Z6  
Email: [info@aafre.org](mailto:info@aafre.org)  
Fax: (780) 492-9813



**AAFRE Professional Development Assistance Grant  
Recipient Report Guideline**

Name of Organization: \_\_\_\_\_

Name of Grant Recipient: \_\_\_\_\_

Name of Course/Conference: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Date of course/conference: \_\_\_\_\_ Current date: \_\_\_\_\_

Recipients of AAFRE Professional Development Grants are required to submit a report to the Chair of the Professional Development Committee within 30 days from the date of the course/conference. 50% (the final payment) of the AAFRE Grant will be sent to you after we receive and review your report.

These reports will help us evaluate our scholarship program and may be shared with your AAFRE colleagues. Your report should touch on the following points:

1. Was this course/conference a good value and would you recommend it to other colleagues?
2. How were your original objectives met?
3. What are some key messages that you would like to share with other AAFRE members you learned by participating in this course/conference?
4. What other comments would you like to add about the course/conference?

Thank you for your feedback. Please submit your report to:

AAFRE  
11032-89 Avenue  
Edmonton AB T6G 0Z6  
Phone: (780) 492-7337  
Fax: (780) 492-9813  
E-mail: [info@aafre.org](mailto:info@aafre.org)

