

NSCMLT PROFESSIONAL DEVELOPMENT LEADERSHIP GRANT APPLICATION

APPLICANT INFORMATION

Name of Applicant:		NSCMLT/CSMLS #
How long have you been a member of NSCMLT and CSMLS?		
Current address:		
City:	Province:	Postal code:
Fax #	Phone #	Email
Alternate	Phone #	Email
Have you received a NSCMLT grant in the last 3 years? If so provide details.		

ORGANIZATION INFORMATION

Name of Employer:		
Current address:		
City:	Province:	Postal code:

PROFESSIONAL DEVELOPMENT EVENT INFORMATION

Describe Program/ Course/ Degree You are taking and what methods of learning are used.	
Completion Date:	
What costs are you asking for this grant to cover?	Amount requesting:
Have you attached your documentation showing successful completion?	
Have you attached your documentation showing proof of payment?	

ADDITIONAL EVENT INFORMATION

Describe what your professional goals are and how this professional development will help you achieve your goals.	
Describe the potential impact on your organization and the laboratory industry that your professional development will have.	

SIGNATURES

I have reviewed the information above and understand that if a PD grant is awarded, reimbursement will only be paid to cover eligible documented, itemized expenses that can be supported with receipts and proof of successful completion not to exceed the approved award amount.	
Signature of applicant:	Date:

NSCMLT Office Use ONLY

Date Received in NSCMLT Office:	Date Eligibility Checked:
Date reviewed:	Grant Approved / Declined
Amount Awarded:	Applicant Notified:
Proof of successful completion received: Proof of payment:	Date Applicant reimbursed: Amount: