



NYSACAC

2011 PROFESSIONAL DEVELOPMENT CONFERENCE GRANT RECIPIENT

APPLICATION

NAME: _____

INSTITUTION: _____

SCHOOL ADDRESS: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

*BEFORE APPLYING FOR A GRANT YOU MUST HAVE THE PERMISSION OF YOUR
INSTITUTION / DISTRICT / SCHOOL ADMINISTRATOR*

Grant recipients must be a current member of NYSACAC. Apply at www.nysacac.org

Please indicate below the type of grant you are seeking:

___ Full Conference Grant @ \$250
Covers full cost of attendance for sessions on June 8, 9, 10

___ Single Day Grant @ \$125
 ___ Thursday, June 9 ___ Friday, June 10

___ Coming Together Conference @ \$125
Covers full cost of attendance for sessions on June 7, 8

In 100 words or less, please explain why you want to attend this conference:

Please return this form to:

Jane Mathias
Director of Guidance
Nardin Academy
135 Cleveland Avenue
Buffalo, NY 14222
Guide1@nardin.org

DEADLINE: APRIL 15, 2011

Grant recipients will be notified by May 1, 2011