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| **Part 1 - Grant application (it is important to submit the program and courses with the application)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Last name:** | | |  | | | | | | | | | | | | |  | | **First name:** | | | | | | |  | | | | | | | | | |  |
| **Position:** | | |  | | | | | | | | | | | | | |  | | **Commencement date in the position:** | | | | | | | | | | | | | |  | |  |
| **Address:** | | |  | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  |
| **City:** | | |  | | | | | | | | | | | | | | | | | | |  | | | **Postal code:** | | | |  | | | | | |  |
| **Home tel:** | |  | | | | | | | | | | | | | | | |  | | | | **Cell :** | | | |  | | | | | | | | |  |
| **Email:** | |  | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | |  |
|  | |  | |  | | | | | | | | | | | | | |  | | | |  | | |  | | |  | | | | | | | |
|  | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | |
| **Program - specify:** | | | | | | | | |  | | | | | | | | | | | | | |  |  | | | | | | | | | | |  |
|  | | | | | | | Program | | | | | | | | | | | | | | | |  | Institution | | | | | | | | | | | |
| **Program start date:** | | | | | | |  | | | | | | | **Your professional association:** | | | | | | | | | | | | | AQCS | | | | | AAESQ | | ACM | |
| **School board:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Name of person responsible:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Address:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **City:** | |  | | | | | | | | | | | | | | | | | | | | | | | **Postal code:** | | | | |  | | | | |  |
| **Office tel.:** | |  | | | | | | | |  | | **Email:** | | | | | | | |  | | | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |  |
|  | ***Date*** | | | | | | | | | |  | | | | | | | | | | ***Signature of person responsible*** | | | | | | | | | | | | | |  |

**To obtain a reimbursement, fill out PART 2 of the grant application form, and submit it, including proof of successful completion of the courses, WITHIN 30 DAYS OF COMPLETING EACH COURSE.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part 2: Reimbursement request** | | | | | | | | | | | | | | | | |
| Course 1 | | | Course 2 | | | Course 3 | | | | Course 4 | | | | | Course 5 | |
| **Program - specify:** | | | | |  | | |  | | |  | | | | |  |
|  | | | | | Program | | |  | | | Institution | | | | | |
| **IMPORTANT**: **The amount of the grant is $100 per credit (first 15 credits) for recognized training.** | | | | | | | | | | | | | | | | |
|  | | I hereby declare that I have not received any other reimbursement for school fees. | | | | | | | | | | | | | | |
| **The reimbursement must be paid:** | | | | | | | to the individual | | | | | | | to the school board | | |
|  |  | | | | | |  |  | | | | | |  | |  |
|  | ***Name in block letters*** | | | | | |  |  | ***Executive Director's signature*** | | | | | | |  |
|  |  | | | | | |  |  | | | | | |  | |  |
|  | ***Date*** | | | | | |  |  | ***Candidate's signature*** | | | | | | |  |
|  | | | |  | | |  | | | | |  |  | | | |

**Send this form to Elaine Laberge (**[**cpcg@aqcs.ca**](mailto:cpcg@aqcs.ca)) no later than November 15, 2016