# CHLA/ABSC Rural and Remote Opportunities Grant Application

1. **General information**

i) Name of individual or Chapter applying for funding:

ii) Title:

ii) Organization:

iii) Address:

iv) Telephone number:

v) Fax number:

vi) Email address:

vii) CHLA/ABSC member since: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

viii) Professional activities/credentials:

(please provide a brief description of any involvement with professional

associations, teaching, mentoring, organization of educational events, etc.)

2. **Professional Development Activity Information**

Please provide a detailed description of the activity including:

i) Title of activity:

ii) Date/duration of activity:

iii) Deadline date for registration:

iv) Name of the organization or association sponsoring the activity:

v) Brief description of the activity:

vi) Relevance/benefit of the activity to applicant’s professional practice:

3. **Financial Information:**

i) Cost summary

Registration:

Travel:

Supplies/Equipment (describe):

Other Expenses (provide detail):

TOTAL:

ii) Are other funds available to supplement or support attendance at this activity?

Please describe:

iii) Total requested through CHLA/ABSC Rural and Remote Opportunities Grant:

iv) Have you received funding to attend other professional development activities in the preceding year? Y\_\_\_ N \_\_\_\_

If yes, please identify activity and funding source (include any self-funded participation):

v) Have you received a CHLA/ABSC Rural and Remote Opportunities Grant previously? Y\_\_\_ N \_\_\_

If yes, please include date and title of activity:

**4. Letter of support**

If available, please include a letter from your organization and/or your local CHLA/ABSC chapter supporting your attendance at this activity

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Signature of applicant Date

Successful applicants must submit a brief report on the activity to the CHLA/ABSC Continuing Education Coordinator within four weeks of the completion of the activity.

If the applicant is unable to attend, or the activity is cancelled, the grant must be returned immediately to CHLA/ABSC.