

**Saskatoon Summer Players
Professional Development Fund
Application**

*Completed application with copies of receipts attached, is to be mailed to:
Saskatoon Summer Players
P.O. Box 1941, Station Main
Saskatoon. SK. S7K 3S5
Attention: Professional Development Fund Committee*

Name _____

Address _____

Phone Number: _____ Alternate Phone _____

Email _____

Year of Saskatoon Summer Players Membership _____

Please detail the professional development you are undertaking and for which you are requesting this grant. Include dates, location, program or event, and what skills or experience this development enhances.

Please detail the expenses incurred and attach receipts of payment.

If your application for funding is successful, please detail how you will demonstrate what you have learned in a way that is of benefit to Saskatoon Summer Players.

Signature _____ **Date** _____

For Saskatoon Summer Players Inc. Use Only

Date of Application Review _____

Amount Awarded _____

Comments _____

Signature _____