



Educational Support Professionals Bargaining Unit

Enrichment Fund Application

The purpose of the Enrichment Fund is for professional growth in the field of education. The fund is granted to assist with Professional Development. Allocation of money is based upon the amount of available funds, divided equally by a percentage up to 50% or by the maximum of \$300 (whichever is less) per application. Capped at maximum funds of \$1000.00.

All applications are due by May 31st of the current school year.

A school year runs from September 1 – May 31st. If a workshop, conference or course is completed from June 1 – August 31 it may be submitted for the upcoming school year.

Eligibility Criteria

Applications are accepted from current **OSSTF/FEESO Educational Support Professionals - Bargaining Unit – District 7**, members in good standing who meet one of the following criteria: Permanent Member who has completed the six (6) month probation period or Temporary Member who have been on the temporary list for six (6) months and have completed ten (10) working days in one school year.

Applications must be submitted for the Enrichment Fund within the current year of completion. Applicants may only apply to the Enrichment Fund once per current school year for funding support of one workshop, conference, or course.

First Name: _____ Last Name: _____

Home Address (Street): _____ Apt. : _____

P.O. Box: _____ Town/City: _____ Postal Code: _____ Personal Email: _____

Permanent

Temporary

<p>Applicant may apply for up to 50% of the cost for one registration to a maximum of \$300.00 (whichever is less upon completion of a workshop, participation certificate, certificate of achievement or course tuition.</p>	<p>Application Criteria must include:</p> <ul style="list-style-type: none"> • Completed Enrichment Fund application • Copy of completed workshop, participant certificate, certificate of achievement or course completion. • Copy of registration receipt or tuition receipt
---	--

Start Date: _____ Date Completed: _____ Applicants Signature: _____

Email completed application package to espdistrict7@gmail.com

Office Use Only
 Date presented to ESP Bargaining Unit: _____ Amount Approved: _____ ESO Chair Signature _____