



REQUEST FOR SCHOOL OR AREA PROJECT

FORM 423-03

PERSONAL DATA: Name: _____ School: _____
School: Phone _____ Fax _____

ATTACH A PROJECT PROPOSAL INCLUDING THE FOLLOWING INFORMATION:

- Type of Project (Area or School)
- Name of Project
- Participants and their schools
- Dates
- Detailed description of project including:
 - How the project is aligned with divisional goals
 - Interest and applicability to teachers
 - Anticipated learning outcomes
 - Benefit to student learning
- **Detailed Budget**
 - Not to include release time, classroom supplies/resources
 - May include expenses and costs of speakers, meals, consumable materials for use during the project, expenses associated with organizing project (be specific) and required resource media

Date: _____ Signature of Applicant: _____

Signature of Zone Rep.: _____

SEND PROPOSAL AT LEAST 4 WEEKS IN ADVANCE TO THE PROFESSIONAL GROWTH ZONE REPRESENTATIVE FOR COMMITTEE APPROVAL.

Professional Growth Zone Reps:	
HINTON:	email: atahintonrep@gypsd.ca
EDSON:	email: ataedson1rep@gypsd.ca (Elementary)
	email: ataedson2rep@gypsd.ca (Jr/Sr High)
LOBSTICK:	email: atalobstickrep@gypsd.ca
GRANDE CACHE:	email: atagcrep@gypsd.ca
JASPER:	email: atajasperrep@gypsd.ca

DISTRIBUTION: atapg@gypsd.ca; Principal/School Secretary; Applicant; PG Representative