### CaSPA Equity Scholarship - Application Form

**Note: This Application Form must be accompanied by a statement [max 2 A4 pages] indicating why the applicant would have difficulty undertaking this professional development activity without the CaSPA Equity Scholarship**

[Applications Close – October 30 of the year prior to the Activity taking place ]

### Details of the Person Being Nominated:

|  |  |
| --- | --- |
| Name: |  |
| Home Address: |  |
| School: |  |
| Mobile: |  |
| Email: |  |

### Principal Positions in Catholic Secondary Education in Australia:

|  |  |  |  |
| --- | --- | --- | --- |
| Date Commence | Date Finish | School | Position |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### Please provide details of the proposed Professional Development Activity:

|  |  |
| --- | --- |
| Title of course/activity: |  |
| Location of delivery of course: |  |
| Provider/University: |  |
| Start Date: |  |
| Finish Date: |  |
| Expected application of this Activity for your School/community: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Expected Costs | | Funding Sources | |
| Travel |  | CaSPA Scholarship | 5,000 |
| Accommodation/Meals |  | School contribution |  |
| Course Fees |  | CEO/System contribution |  |
| Resource Material |  | Personal contribution |  |
| Other [please provide details]: |  | Other [please provide details]: |  |
| Total | $ | Total | $ |

*Details of the Person proposing the Nomination [leaders may self-nominate for the Awards]:*

Name:

Address:

Current Position:

Mobile: Email:

**Signature: Date:**

*Please forward the completed nomination form to:* [*admin@caspa.edu.au*](mailto:admin@caspa.edu.au) *no later than 30/4/20\_\_*