CaSPA Educational Leadership Professional Learning Scholarship Application Form

Note: This Application Form must be accompanied by a statement [max 2 A4 pages] indicating how the applicant would benefit from undertaking this professional development activity.

(Applications Close - 15 May 2025)

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 Learning Activity

Title of Course /	
Activity	
Location of delivery	
of Course / Activity	
Provider / University	
Start Date	
Finish Date	
Expected outcomes	
of this Activity for	
you and 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 fo	rm to: admin@caspa.edu.au no later than

15/05/2025