



APPLICATION FORM

Vocational and Technical Training Promotion Plan Regional Initiatives Projects Funding Request



Office Use

Date of Submission: _____
(mm/dd/yyyy)

Promotion period: _____
(fall, winter, spring, summer)

Title of the Activity: _____

Date of the Activity: _____

Duration of the Activity: _____

Location of the Activity: _____

School Board/CEGEP: _____

Address: _____

Telephone: _____ **Fax:** _____

E-mail: _____

Activity Coordinator/Contact Person: _____

Centre/Campus: _____

Address: _____

Telephone: _____ **Fax:** _____

E-mail: _____

Activity Coordinator/Contact Person: _____

Description of the Activity:

Target Group: _____

General Objective (How it fits into overall objective of the provincial plan):

Specific Objectives (objectives that are particular to the institution's needs/situation):

Project Evaluation: (How do you plan to measure the effectiveness of the project?)
