KIRKPATRICK TRAVEL FUND
APPLICATION FORM

1. Name: __________________________________________________________________________

2. Address: __________________________________________________________________________

3. Telephone: Residential _________________________ Business ___________________________

4. Eligibility: Please complete one of the following:
   Check: □ a. Student registered in the College of Education (Student No. _______________________)
   □ b. Member of the Saskatchewan Teachers’ Federation
      i. Status:  Regular Member □ Associate Member □
      ii. Employing Board __________________________________________
   □ c. Recommended for a Teaching Certificate by the College of Education,
      University of Saskatchewan (Year ___________ Student No. ____________)
   □ d. Faculty of the College of Education.

5. Nature of Activity:
   a. Please describe the nature of the educational project or program that you wish to visit, your proposed activities and how it relates to your duties or field of interest and to the current educational priorities in Saskatchewan.
      (If necessary, include description as attachment)
   b. Location of visit: __________________________________________________________________________
   c. Date of visitation: __________________________________________________________________________
   d. Is permission from employer required? YES ________ NO ________
      - If “YES”, has application been made and approval granted? YES ________ NO ________
      - Name of authorizing person: ________________________________________________________________

6. Anticipated Expenditures:
   a. Transportation
      (i) Air Fare: ____________________ days @ $ ____________________ a. (i) ____________________
      (ii) Automobile: ____________________ days @ $ ____________________ a. (ii) ____________________
      (iii) Other transportation: (Please specify) ____________________ a. (iii) ____________________
   b. Hotel: ____________________ days @ $ ____________________ b. ____________________
   c. Meals (including tips): ____________________ days @ $ ____________________ c. ____________________
      TOTAL ____________________
   d. Monies from other sources (MINUS) d. ____________________
      TOTAL REQUEST ____________________

________________________________________ SIGNATURE