



**NOVA SCOTIA TEACHERS UNION**  
**PROFESSIONAL DEVELOPMENT**



## **TRAVEL FELLOWSHIPS**

### **INFORMATION SHEET**

#### **Purpose:**

A fund of \$2,000 is available for the Travel Fellowship program. This fund is sponsored by Johnson Incorporated. In order to assist the greatest number of members, no grant shall exceed \$475.

The purpose of the Travel Fellowship is to provide members with the opportunity to undertake programs of travel during the summer months or when NSCC contractual vacation days are taken which will benefit their professional responsibilities.

- i) Travel programs could include activities such as visits with resource persons, visits to places and events, seminars, workshops, conferences and non-accredited courses. **(Those courses that do not lead to a change in certification.)**
- ii) Eligible travel periods include summer months for members or contractual vacation times of year for Community College members, but not during those times generally referred to as Christmas Break or March Break.

#### **Eligibility:**

To be eligible, the individual must be an active member of the NSTU at the time of application. Active members are persons described by Section 12 of the Teaching Profession Act and Article 1 of the By-Laws of the NSTU.

An individual can only be awarded this grant once in a three year period. Successful applicants must be returning to regular employment for the following year.

#### **Application Process:**

- i. Applications must address all items, in sequence, on the most recent form. **Typed applications are required.** You can apply on-line or get an application from the NSTU office, your local VP-PD, NSTU Rep or downloaded from the NSTU Home Page (<http://www.nstu.ca>).
- ii. Do not use acronyms without clarification.

- iii. Recipients of Travel Fellowship Grants are required to submit a typed report to the Professional Development Committee of the NSTU upon completion of their travel. The grant will be paid upon receipt of the report. The report becomes the property of the NSTU and may be made available to the membership through the NSTU library and Web site.

**Selection Process:**

- i. Grants are awarded by the Provincial Executive upon recommendation by the Provincial Professional Development Committee.
- ii . Remuneration from other sources and expenses incurred may be considered when determining eligibility.
- iii. Successful applicants will be determined by a draw from the eligible applications received.

**Deadlines:**

Applications, including those faxed, must be received at the NSTU Office, on/or before **4:00 pm on the first Wednesday in April.**



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**TRAVEL FELLOWSHIP**

**DEADLINE:**

**APPLICATIONS MUST BE RECEIVED AT THE NSTU CENTRAL OFFICE ON/OR BEFORE 4:00 PM ON THE FIRST WEDNESDAY IN APRIL.**

**ALL APPLICATIONS MUST BE TYPED.**

**CONFIDENTIAL**

**PART A: BACKGROUND INFORMATION**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

SCHOOL/CAMPUS: \_\_\_\_\_ NSTU LOCAL: \_\_\_\_\_

DESCRIPTION OF ASSIGNMENT: \_\_\_\_\_

PHONE:      WORK: \_\_\_\_\_ HOME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTRACT STATUS: \_\_\_\_\_

PERMANENT/CONTINUING       PROBATIONARY       TERM

PROF./EMPLOYEE NO. \_\_\_\_\_

TRAVEL DESTINATION: \_\_\_\_\_

**IF YOU HAVE NOT RECEIVED A TRAVEL FELLOWSHIP IN THE LAST THREE YEARS YOU ARE ELIGIBLE TO PROCEED WITH THIS APPLICATION.**

**PART B: PROGRAM DESCRIPTION**

DATES OF TRAVEL: \_\_\_\_\_

EVENT ATTENDING: \_\_\_\_\_

ON A SEPARATE SHEET OF PAPER, PREFERABLY TYPED WITH HEADINGS CLEARLY LABELED, PLEASE COMPLETE THE FOLLOWING:

B1. Description of travel: (include **PERSONAL** agenda overview and area of focus)

B2. In detail, explain how this experience will enhance your professional growth.

• ESTIMATED COST:

Accommodations \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

Travel \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

• List other sources of revenue: Amount applied for: \_\_\_\_\_  
Amount granted: \_\_\_\_\_

Amount requested from Travel Fellowship (*not to exceed \$475*) \_\_\_\_\_

I hereby certify that the above information is correct, to the best of my knowledge.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

MAIL OR FAX TO:

CHAIRPERSON, PROVINCIAL PROFESSIONAL DEVELOPMENT COMMITTEE  
NOVA SCOTIA TEACHERS UNION  
3106 JOSEPH HOWE DR.  
HALIFAX, NOVA SCOTIA  
B3L 4L7 Fax: 477-3517