



**Nova Scotia Music Educators
Association
NSMEA MUSIC WORKSHOP FUNDING
REQUEST**

Location: _____

Contact Person: _____

Address: _____

Telephone: (W) _____ (H) _____

Type of workshop: _____

How will the training be used in the future? _____

Proposed date: _____

Location of workshop: _____

Estimated number of participants: _____

Who will the participants be? (students, teachers, etc.) _____

Proposed Instructors:

1. _____ 2. _____

Projected Financial Position:

REVENUES:

Registration fees (per person) _____

Other (specify) _____

Total: _____

EXPENSES:

Workshop material: _____

Facilities: _____

Instructor's travel: _____

Instructor's meals _____

and accommodations: _____

Other (specify) _____

Total: _____

Signature: _____ **Date:** _____

Forward application to: NSMEA Professional Development Committee, c/o
NSTU, 3106 Joseph Howe Drive, Halifax, NS B3L 4L7