| Member Record Verified |
| *(PETL Office Use Only)* |

Application #2526-_____
(PETL Office Use Only)

PETL COURSE FUNDING APPLICATION FORM (2025-2026)

Review the Application Process in the Guidelines. All Guidelines must be met for funding to be approved.

Application Process:
1. ***Read*** and ***Follow*** the **_Full Guidelines_** (*found here* - *https://etfopeel.com/pl-funding/petl-course-funding/*)
2. ***Complete*** this Application Form in its entirety.
3. ***Save*** your Application Form as a PDF file with the filename protocol "*Name - PETL Course Application*".
4. ***Email*** your PETL Course Funding Application Form (2025-2026) ***by the published course end date*** to treasurer@etfopeel.com with the subject line "*PETL Course Funding Application*". You will receive an auto-reply email confirmation of receipt.

FORWARD ALL APPLICATIONS TO: **Julia Allen, Secretary-Treasurer** **VIA Email (Preferred):** **treasurer@etfopeel.com** VIA Board Courier: Peel Elementary Teachers' Local, The Educators' Centre	*If you have questions, please contact Julia Allen, Secretary-Treasurer:* *By Phone:* **905-564-7233 x228** *Via email:* **treasurer@etfopeel.com**

TO BE COMPLETED BY MEMBER

Date of Application: *(e.g., September 8, 2025)*	**Non-Board Email:**
Legal Name:	**Peel Board Email:** *(Only Needed if Different than Legal Name)*

School/Work Location:

ETFO Number:	**OCT Number:**	**PDSB Employee Number:**

Course Provider:	**Course Cost:**
Course Name:	**Course Code:**

Course Start Date: *(e.g., January 12, 2026)*	**Course End Date:** *(e.g., April 3, 2026)*

	Please check to confirm you have read the current PETL Course Funding Guidelines. Incomplete applications will not be processed.

I, _____, upon receiving the amount approved below as reimbursement for professional development and employment related expenses, agree to retain copies of all receipts necessary for tax purposes and will hold PETL harmless of all tax related liability.

⬇ FOR PETL OFFICE USE ONLY ⬇

Approved / Denied		**Proof of Completion Received:**		**Amount Paid to Member:**
Date Application Processed:		**Receipt(s) Received:**		**$_____**
Amount Approved: **$_____**		**Date Reimbursement Processed:**		**Date Cheque Issued:**
Comments (if applicable):				**Cheque Number:** **Allocation:** *Professional Development: AQ Funding*
Treasurer's Signature:		**Treasurer's Signature:**		**Treasurer's Signature:**