

Canadian Council for Geographic Education

Phyllis Arnold Professional Development Application

Date: _____

Teacher Name: _____

Home Address: _____

Home Phone: _____

Home Fax: _____

E-mail Address: _____

School Name: _____

Grade Levels Taught: _____

School Address: _____

School Phone: _____

School Fax: _____

School E-mail: _____

School Web Site (if applicable): _____

Professional Development Title: _____

Professional Development Location & Date: _____

Professional Development Summary (Approx. 200 words):

Please detail the professional development attended and how you intend to implement the strategies that you learned into the classroom

Application must be *received* by May 1.

Please complete each item and submit this form along with proof of attendance

Return to:

Canadian Council for Geographic Education

Attn: CCGE Awards Committee

Suite 200, 1155 Lola Street

Ottawa (Ontario)

K1K 4C1

or fax (613) 744-0947

Or email info@ccge.org