



**Professional Development Grant Application  
for Individuals Application Form**

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*Please complete this application & mail or fax to the Salt Spring Arts Council.*

**APPLICATIONS WILL BE RECEIVED AT ANY TIME**

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

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

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

EMAIL ADDRESS: \_\_\_\_\_

**Description of Course or Activity: Include date, location, and cost:**

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**Benefits: What are the particular qualities in this course or activity that you feel will be of benefit to your artistic development?:**

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**Other Sources of Assistance (if applicable):** \_\_\_\_\_

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**Amount of Request:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_