

The Winnipeg Teachers' Association

Teacher Welfare Grant Application Form

School Name: _____

Submission Date: _____

School P.D. Chair: _____

Schools can play a vital role in promoting teacher health and wellness. The Association will fund activities that promote or inspire members to pursue ongoing wellness to a maximum of \$600. ***Funds will be provided once all original receipts and the completed evaluation form have been submitted to the WTA office.***

The committee meets to consider applications every 4-6 weeks. Applications received after the event **will not** be considered. You may call the WTA office for Teacher Welfare Committee meeting dates, if necessary.

Completed applications should be submitted to:

WTA TWC Chair
c/o 202-2639 Portage Avenue
Winnipeg, Manitoba
R3J 0P7
(FAX: 837-9698)

FUNDING CRITERIA

- * **Event's exclusive purpose is the promotion of teacher health, wellness.**
- * Event may involve the entire staff - ***only dues-paying members of the WTA to receive monies directly.***
- * The form must include detailed objectives, plans, cost breakdown, and date/time of event, etc.
- * Schools cannot assume they will receive the total funding requested..
- * It is recommended that school PD activities not be combined with wellness initiatives, however if they are, funding will reflect the wellness activity **only.**
- * Facilitator should be used in planning and/or implementation of activity.
- * Staffs of 1-15 WTA members will be funded to a maximum of \$300.
- * Staffs of 16-30 WTA members will be funded to a maximum of \$400.
- * Staffs of 31-50 WTA members will be funded to a maximum of \$500.
- * Staffs of 50+ WTA members will be funded to a maximum of \$600.

The Committee has a set budget and when funds are expended we will stop processing applications. Please check with the WTA office prior to planning your event to inquire about funding availability. Schools must apply well in advance of the event.

Applications will be processed on a first-come first-served basis.

Revised: November 9th, 2009

The Winnipeg Teachers' Association - Teacher Welfare Funding Application Form

Description of event:

Date(s): _____

Time(s) : _____

Location: _____

Number of WTA members participating: _____

Name of facilitator: _____
- source/employer (e.g. "of The Manitoba Teachers' Society") _____

Planned activity/ies:

How will the event promote long-term teacher health and/or wellness?

If you have received or expect to receive any monies from other sources, please indicate the source(s) and the amount(s) here:

Cost estimates/data:

Fee/honorarium \$ _____

Meeting facility rental \$ _____

Misc. supplies (e.g. stationery) \$ _____

Snacks (Max. \$3.50/person) \$ _____

Other (specify) \$ _____

ESTIMATED TOTAL COSTS: \$ _____

AMOUNT REQUESTED: \$ _____

Contact: _____ **School:** _____

Phone: _____ **Fax:** _____

Revised: January 16, 2006

What recommendations would you make to other schools planning a similar workshop?

Revised: January 16, 2006

