

**CANADIAN SQUARE & ROUND DANCE SOCIETY**

**APPLICATION FOR GRANTS PROGRAM**



Name of Sponsoring organization \_\_\_\_\_

Name & address of contact person \_\_\_\_\_

Position in the sponsoring committee \_\_\_\_\_

Number of members \_\_\_\_\_

Total cost of clinic \_\_\_\_\_ Amount of assistance required \_\_\_\_\_

Cost for members \_\_\_\_\_ Costs for non-members \_\_\_\_\_

INCLUDE A COPY OF THE PROPOSED BUDGET FOR THE TRAINING COURSE AS WELL AS  
A COPY OF THE PREVIOUS YEAR'S FINANCIAL STATEMENT.

Dates of clinic \_\_\_\_\_ Number of hours of instruction \_\_\_\_\_

Subjects to be covered during the clinic and reasons for the selection.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated attendance at clinic \_\_\_\_\_

Name of clinician(s) under contract for the clinic (attach biography).  
\_\_\_\_\_

Other pertinent information that might help the PD Committee decide to provide financial assistance.  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Comments & Signature of Federation/Association where applicable.  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## Course Evaluation Form

Course attendees - Please complete the following clinic evaluation form and return to the sponsoring organization.

1. Name of the sponsoring organization \_\_\_\_\_

2. Name of the clinician(s) \_\_\_\_\_

3. Did the clinician cover the designated subjects and meet all expectations as outlined in the advertising literature?  
\_\_\_\_\_

4. Do you feel the clinic will result in an improvement in your calling/cueing/dance instruction? \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Did the clinician conduct himself/herself in a professional manner? \_\_\_\_\_

6. Were you pleased with the overall educational program? \_\_\_\_\_

7. Would you attend another clinic sponsored by the same organization? \_\_\_\_\_

8. If you were not pleased with any portion of the clinic, please comment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Any additional comments you wish to make.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this questionnaire to the sponsoring organization.

A Copy of the evaluation forms to be sent to the Professional Development Committee before final payment will be received.

Revised: February 15, 2011