

APPLICATION FOR PERSONNEL DEVELOPMENT FUNDS

Applicant _____ Department _____

Beginning Employment Date _____

Name of activity you wish to attend (course, seminar, in-service, workshop, conference, etc.)

Location of activity

Date(s)/time(s) of activity _____

Is money available in your department budget? Yes No

Total cost of activity (do not include travel or other cost) \$ _____

Travel funds requested? Yes No If yes, how much? \$ _____

How would travel funds be used?

Briefly describe how this program would benefit you and the college (attach a page if necessary)

Have you received this type of award before? Yes No

If so, when _____ Dollar amount? _____

Signature of Applicant Date

Signature of Supervisor Date

Do not write below this line. For Committee Use only

Approve award for full amount of request Yes No Amount of Award \$ _____

Approve portion of requested award Yes No \$ _____

Comments:

Signature of Committee Chair Date