

## CLASSIFIED PROFESSIONAL DEVELOPMENT FUND APPLICATION

Name \_\_\_\_\_

Campus (mark) C N P V Dist Full-time Hire Date \_\_\_\_\_

Division/Department \_\_\_\_\_ Phone \_\_\_\_\_

Proposed Use of Funds:	Name of event	Meeting Place	Date Start	Date End
Conference	_____	_____	_____	_____
Workshop	_____	_____	_____	_____
Course for Credit	_____	_____	_____	_____
Non-credit Course	_____	_____	_____	_____
Degree Program Code # _____				

I will be making a presentation as part of the meeting. Yes \_\_\_\_\_ No \_\_\_\_\_ (Indicate Title of presentation below)

I am an executive officer of the organization. Yes \_\_\_\_\_ No \_\_\_\_\_ (Mark: Pres/Chair Vice-Pres/Chair Sec. Treas.)

This meeting satisfies a certification requirement. Yes \_\_\_\_\_ No \_\_\_\_\_ (Indicate certification/accreditation below)

➤ How much tuition assistance (\$500) have you used since this past July 1 (before today)? \$ \_\_\_\_\_

➤ How much Individual Equity (\$150) have you used since this past July 1 (before today)? \$ \_\_\_\_\_

➤ How much money are you requesting now from the Classified Staff Professional Development Fund for this professional development activity? \$ \_\_\_\_\_

Estimated Costs - Travel	Conference/Workshop Registration	\$ _____
	Transportation	\$ _____
	Lodging	\$ _____
	Food	\$ _____
	Estimated Total	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>

Estimated Costs – Tuition (\$ \_\_\_\_\_ per cr. hr. X \_\_\_\_\_ hrs.) + \$ \_\_\_\_\_ fees = \$ \_\_\_\_\_

How will this professional development benefit the college? (**Mandatory!**) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Submission of application is not a guarantee of award of funds.*

For Committee Use:	Submitted ___/___/___	Revised 12/05
Approved ___/___/___	Funding Awarded \$ _____ FRS# _____	Reviewer's Initials _____

**Submit by e-mail to [pmartin@tcc.edu](mailto:pmartin@tcc.edu) or fax to 468-3352 or mail to Patti Martin, Nat. Sci. & Mth, VB**