

• **Classified Professional Development Fund Application**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Campus: C \_\_\_ N \_\_\_ P \_\_\_ V \_\_\_ District \_\_\_

Phone: \_\_\_\_\_

**Proposed Use of Funds**

	<b>Title</b>	<b>Location</b>	<b>Start Date</b>	<b>End Date</b>
Conference/Workshop	_____	_____	_____	_____
Course for Credit	_____	_____	_____	_____
Non-credit Course	_____	_____	_____	_____

How much of the \$500 tuition assistance have you used since July 1 of the current fiscal year? \_\_\_\_\_

How much of the remaining tuition assistance funding are you requesting for this opportunity? \_\_\_\_\_

\*These two lines must total \$500 in order to receive funding for tuition from the Classified Professional Development Fund (CPDF) (\$800 max)

How much of the \$150 individual equity have you used since July 1 of the current fiscal year? \_\_\_\_\_

How much of the remaining individual equity funding are you requesting for this opportunity? \_\_\_\_\_

\*These two lines must total \$150 in order to receive funding for any professional development opportunity from the CPDF (\$800 max)

Total funding you are requesting from the CPDF for this professional development opportunity? \_\_\_\_\_

<b>Estimated Travel</b>	Conference/Workshop Registration	\$ _____
	Transportation	\$ _____
	Lodging	\$ _____
	Food	\$ _____
	Estimated Total	\$ _____

**Estimated Tuition** \$ \_\_\_\_\_ per credit hour x \_\_\_\_\_ # of hours + \_\_\_\_\_ course fees = \$ \_\_\_\_\_

How will this professional development opportunity benefit the college?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I am making a presentation as part of the meeting Yes \_\_\_ No \_\_\_  
 I am an officer of the organization. Yes \_\_\_ No \_\_\_ (Pres \_\_\_ Vice-Pres \_\_\_ Sec \_\_\_ Tres \_\_\_ Other \_\_\_\_\_)  
 This meeting satisfies a certification requirement. Yes \_\_\_ No \_\_\_ (Indicate certification/accreditation below)

**Submit by campus mail to: Vivian Washington, Gilbert Library, Pass Bldg, Chesapeake  
 or fax to 822-5173**

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

For Committee Use:	Revised 2/09
Submitted ___/___/___	Approved ___/___/___
Award Amount \$ _____	Reviewers Initials _____