

**Professional Development Application**

**Name:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

**Department/ Program:** Click or tap here to enter text. **Job Title:** Click or tap here to enter text.

**Proposed Activity:** Click or tap here to enter text.

**Date(s)/Time(s):**Click or tap here to enter text.

**Location:**Click or tap here to enter text.

**Estimated Costs:**

1. **Registration/Training Fees/Tuition:** Click or tap here to enter text.
2. **Transportation:**Click or tap here to enter text.
3. **Meals:**Click or tap here to enter text.
4. **Lodging:**Click or tap here to enter text.
5. **Other:** Click or tap here to enter text.
6. **Other Funding Sources:** Click or tap here to enter text.
7. **Total of this Request: (sum of a – e, minus f):** Click or tap here to enter text.
8. **If the committee can only fund a portion of this request, do you have other funding available?**Choose an item.

***Have you received professional development funding in the current or prior fiscal year?*** Choose an item.

**If yes, list:**

**Activity:**Click or tap here to enter text. **Date:** Click or tap to enter a date. **Required:** Choose an item.

**Activity:**Click or tap here to enter text. **Date:** Click or tap to enter a date. **Required:** Choose an item.

**Application Checklist***: (All items must be included with application at submission)*

1. Completed and signed Professional Development Application
2. Statement of Purpose
3. Completed and signed Request for Authorization to Travel (If applicable)
4. Supporting Documentation (Registration Form, Conference Brochure, Course Description, etc.)

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(date)

**Supervisor Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(date)

**Committee Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(date)

**Leadership Team Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(date)



**Professional Development State of Purpose**

*(This form is to be included with application)*

**Name: Click or tap here to enter text. Click or tap to enter a date.**

**Department/Program: Click or tap here to enter text. Job Title: Click or tap here to enter text.**

1. Please describe the proposed professional development activity.

Click or tap here to enter text.

1. How is the proposed activity related to your position, job duties or area(s) of responsibility?

Click or tap here to enter text.

1. How does the proposed activity support the college’s mission, core themes, and strategic goals?

Click or tap here to enter text.

1. How does the proposed activity support the mission or outcomes of your program/department?

Click or tap here to enter text.

1. Describe how the proposed activity will benefit your program/department. How will you share the knowledge or skills acquired with others?

Click or tap here to enter text.