|  |
| --- |
| **Committee-awarded professional development funds are not intended for the following:**   * Lab supplies and lab equipment * Computers (laptops or tablets) or other classroom technology * Instruments (medical, scientific, musical) * Credit-bearing tuition * Payment of wages |

Name(s):

Department:

Total amount of funding requested:

If full-time faculty have you used your annual $2000 professional development monies?

\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

If part-time faculty, have you used your $500 available from your Dean?

\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

**Are you requesting monies from the Allied Health Professional Development fund? (only for requests related to Allied Health / pre-Allied Health?**



**What is your contract status?**



**Answer the following questions:**

1. Name the project and describe it briefly.
2. Itemize funding needs.
3. Describe the activity. Include any relevant dates and travel plans.
4. How will this opportunity support your personal and professional growth?
5. How will this opportunity benefit students?
6. How will this opportunity benefit your division, area and/or contribute to the improvement of the college as a whole?
7. How will this project be shared with other college staff?

***This area to be completed by the Faculty Professional Development Committee.***

**\_\_\_\_\_ Copy of this application to the Dean of applicant(s) department(s)**

**\_\_\_\_\_ This application is not approved.**

Reason and Recommendation (if any):

**\_\_\_\_\_ This application has been approved for $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_from the following funding source(s):**

Describe any necessary follow-up:

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_