**MERRITT COLLEGE**

**APPLICATION FOR PROFESSIONAL DEVELOPMENT FUNDING**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Classification:**\_\_\_\_\_\_\_\_

**Title/Description of activity/project:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of activity:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funding:** Conference Fee \_\_\_\_\_\_\_\_\_ Meals \_\_\_\_\_\_\_\_\_\_ Misc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation \_\_\_\_\_\_\_\_\_ Hotel \_\_\_\_\_\_\_\_\_\_\_ (Limit $25.00)

**EXACT TOTAL AMOUNT REQUESTED** \_\_\_\_\_\_\_\_\_\_

1. **What is the specific objective(s) of this activity?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **How does this activity address your area/provide professional development?** \_\_\_\_\_\_\_

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1. **How will this activity impact students? Be specific.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Over)

1. **When do you plan to facilitate a workshop on this subject?** You must contact the Professional Development coordinator with specific time, date, and place for your on-campus presentation. If you do not complete this requirement within four months of the funded activity, you will not be eligible for subsequent funding.

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Place:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **FACULTY ONLY.** Instructors applying for conference attendance who will miss one or more classes must submit a plan to cover the missed classes. No Professional Development or Technology funds will be used for paying substitutes when instructors miss their classes because of a conference.

☐ The activity is not scheduled during my class time.

☐ I have made an alternate assignment. The assignment is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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☐ Department Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

☐ Division Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

*(Division Dean’s signature denotes review and/or knowledge of the proposal and does constitute approval)*

1. **If this activity is out-of-state, is this same activity, or a similar activity offered in state at a later time?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Out-of-state travel may have to be shared by the participant. Highest priority for funds is given to in-state travel.)

**NOTE: You must submit all original receipts for your conference expenses, including meals.**

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Applicant Signature Date

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Professional Development Committee Chair Date

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Vice President of Instruction/Student Services Date

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President Date