Crafton Hills College
Application for Professional Development Funding
Software/Professional Development Materials Funds

Please type or neatly print all information.

Date of Request _____

Name _____

Department _____

☐ **Full Time Faculty** ☐ **Part Time Faculty** ☐ **Classified Staff** ☐ **Manager**

E-mail _____ **Phone** _____

Software/Professional Development Materials to be purchased:

Description of Request and Benefit to Crafton Hills College:
Please describe the software or materials to be purchased how you see this purchase contributing to the enhancement of the college. Specifically, describe how this software/these professional development materials will enhance your job performance and contribute to student success. Attach supporting documentation (e.g. brochure, literature, quote).

Dissemination of Information:
Upon approval of your request, you may be asked to share the benefits of this purchase with the college community. Please identify how your plan to disseminate the information regarding this purchase..

☐ **I am willing to facilitate a professional development workshop on the use of this software or utilizing these professional development materials.**
Please list potential dates.

☐ **I will offer individual training to other members of the college community.**
Please list the names of the individuals who you plan to offer training to.

☐ **Other**
Please describe.

Please complete this form on the reverse side.

Version 2.1
Last Updated 08/22/06

Anticipated Expense	Funding Sources	Request
	Have you investigated other sources of funding for this request? ☐ Yes ☐ No Is this activity being funded by any other source? ☐ Yes ☐ No If yes, please describe. Source(s):	
Total $_____	Other Funding: $_____	Total $_____

Signature_____Date_____

Please save all receipts. The district office will not reimburse without itemized receipts.

Supervisor's Signature_____Date_____

Professional Development Committee Recommendation:

☐ **Approved**
Amount funded. $_____

☐ **Request more information**
Please describe what information is required.

☐ **Denied**
Please explain.

Chair, Professional Development Committee _____Date_____

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