

**Crafton Hills College**  
**Application for Professional Development Funding**  
**Technology 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** \_\_\_\_\_

**Conference or Event** \_\_\_\_\_

**Date(s)** \_\_\_\_\_ **Location** \_\_\_\_\_

**Description of Request and Benefit to Crafton Hills College:**

*Provide a detailed description of the conference or event and how you see this activity contributing to the enhancement of the college. Specifically, describe how your participation will enhance your job performance and contribute to student success as well as how this activity is clearly focused on technology. Attach supporting documentation (e.g. brochure, announcement, conference literature).*

**Dissemination of Information:**

*Upon approval of your request, you may be asked to share the benefits of this activity with the college community. Please identify how your plan to disseminate the information gathered through this activity.*

**I am willing to facilitate a professional development workshop on this topic.**  
*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.*

Anticipated Expenses		Funding Sources	Request	
Registration	\$ _____	Have you investigated other sources of funding for this request? <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration	\$ _____
Travel	\$ _____		Travel*	\$ _____
Mileage ____ mi @ .34	\$ _____	Is this activity being funded by any other source? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mileage* ____ mi @ .34	\$ _____
Lodging	\$ _____		Lodging*	\$ _____
Meals	\$ _____	If yes, please describe. Source(s):	Meals*	\$ _____
Other	\$ _____		Other*	\$ _____
Total	\$ _____	Other Funding: \$ _____	Total	\$ _____

*\*Due to limited professional development funds, these costs, in many cases, may not be funded. Professional development funds are limited to \$200 for full-time faculty, classified staff and managers.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*As a faculty member, I certify that this request will not fund educational expenses toward the goal of salary advancement.*

*Attach AC-9 (Request for Conference Attendance) and submit to the Chair, Professional Development Committee. 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** \_\_\_\_\_