

**SELKIRK COLLEGE
SPECIAL PROFESSIONAL DEVELOPMENT FUND
APPLICATION FORM**

TO BE COMPLETED BY APPLICANT

Name: _____

Today's Date: _____

Department: _____

1. Give a one-sentence description of your proposed P.D. activity. _____

2. Location of activity: _____

3. Duration of activity: _____ Starting Date: _____ Finishing Date: _____

4. Have you received **Short-term P.D. funds** this fiscal year (April 1-March 31)? Yes No
If yes, how much? \$ _____

5. Have you received **Special P.D. Funds** within the last two years? Yes No

6. Will you be receiving funds from any other source for this activity? Yes No

7. If your answer to (6) was yes, how much money did you or will you receive? \$ _____

Signature: _____

APPLICANTS, PLEASE DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY SUPERVISOR

APPROVAL Rating by Supervisor. RECOMMENDED NOT RECOMMENDED

Department Funding? No Yes Amount \$ _____

COMMENTS: _____

Signature: _____ Date: _____

P.D. COMMITTEE USE ONLY

APPROVED NOT APPROVED

	Date of Activity	_____
	Init. Rec'd.	_____
	Circ. to Comm.	_____
	A/P 75% Adv.	_____
Total Grant Approved \$ _____	Expenses Reported	_____
	P.D. Report Received	_____
	A/P 25% Rem.	_____