

**SELKIRK COLLEGE
SHORT-TERM PROFESSIONAL DEVELOPMENT FUND
TEXTUAL MATERIALS APPLICATION FORM**

PROCEDURE:

Fill out the information required on this page.
On the **back** of this page please provide the following information:

1. Description of Textual Material.
 2. Benefit or anticipated relevance of textual material. Explain how the material
 - a. will assist you to remain current in your discipline and/or
 - b. will improve your teaching skills or professional status and/or
 - c. will benefit the college.
- Members may apply for short-term P.D. funding for the purchase of textual materials for professional development in each fiscal year. The total amount of materials purchased must exceed \$100.00.
 - The amount granted will be paid out of the member's annual Short-term P.D. allotment for the following fiscal year.
 - Original receipts should be saved throughout the year and submitted to the Chair of the P.D. Committee along with this application form by April 1. Applications received after this deadline will be accepted, but could be affected by a shortage of funds in the Short-term PD account.
 - If you require more room to list materials, please photocopy the reverse side of this form.
 - A brief note on the actual or anticipated benefits of each item must be included.

TO BE COMPLETED BY APPLICANT

Name: _____ Department: _____

1. Will you be receiving funds from any other sources for these materials? Yes No
 2. If your answer to (1) was yes, indicate the total amount of funds you did or will receive. \$ _____
- Signature: _____

APPLICANTS, PLEASE DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY DEPARTMENT HEAD/PRINCIPAL

APPROVAL Rating by Department Head/Campus Principal. RECOMMENDED NOT RECOMMENDED
 Department Funding? NO YES AMOUNT \$ _____

COMMENTS: _____

Signature: _____ Date: _____

P.D. COMMITTEE USE ONLY

APPROVED NOT APPROVED Date Received _____
 Total Grant Approved \$ _____ Circ. to Committee _____
 Sent to A/P _____

Fill in the following information for materials purchased:

Item	Title of Book, Software, or Recorded Material; Date & Title of Journal	Author/Producer	Date of Purchase	Amount
1				
Benefit:				
2				
Benefit:				
3				
Benefit:				
4				
Benefit:				
5				
Benefit:				
6				
Benefit:				
Total				

Photocopy this page if necessary.

P.D. COMMITTEE USE ONLY

Amount Available: _____

Approved

Not Approved

Amount Requested: _____

Signature: _____