

**Medicine Hat Catholic Teachers Professional Development Fund**

**Funding Request Sept 2009- June 2010**

Name of school applying for funds: \_\_\_\_\_

Title/ subject of PD opportunity: \_\_\_\_\_

Name of PD Presenter: \_\_\_\_\_

Date of PD event: \_\_\_\_\_

Location of PD Event: \_\_\_\_\_

Itemized cost of funds requested: 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

**TOTAL REQUESTED:**     \$ \_\_\_\_\_

Expenses Cheque to be made out to: \_\_\_\_\_

**Please check the following boxes:**

<input type="checkbox"/>	<b>PD Guidelines, as posted on the Local website, were reviewed and PD meets criteria</b>
<input type="checkbox"/>	<b>School administrator and teaching staff have agreed to expenditure (majority)</b>
<input type="checkbox"/>	<b>Request form and PD guidelines reviewed by school ATA PD rep</b>
<b>Payment will be made using one of, or a combination of the following:</b>	
<input type="checkbox"/>	<b>Personal Cheque</b>
<input type="checkbox"/>	<b>Personal Credit Card</b>
<input type="checkbox"/>	<b>Cash</b>

**Authorized Signature for Fund Expenditure:** \_\_\_\_\_

(Chairman, Professional Development Committee)

*Please submit completed form to Medicine Hat Catholic Teachers School PD Representative.*

*(Approval of funds does not constitute registration for PD activity. School/PLC/Individuals are responsible for registration)*