

APPLICATION FORM FOR TC3 FOUNDATION STAFF DEVELOPMENT FUNDS

Please use this form if you are applying for staff development funds from the TC3 Foundation. Mail by the appropriate deadline to the President's Office, Mail Code #142.

1. Name of Applicant: _____

2. Description of Activity/Conference: _____

3. Location of Activity/Conference: _____

4. Dates of Activity/Conference: _____

5. Costs:

Registration: _____

Lodging: _____

Meals: _____

Transportation: _____

Other: _____ Specify: _____

Total: _____

6. If you are presenting at a(n) activity/conference, has the paper or proposal been accepted for presentation? Yes No

7. Have you already received, or do you anticipate receiving funding from other sources? Yes No
If yes, indicate sources below:

<u>Dean</u>	<u>Division</u>	<u>Other Sources (Specify)</u>	<u>Amount Requested From Foundation</u>
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8. Have you received funds previously from the TC3 Foundation for professional development activities? Yes No. If so, please note when _____ and how much _____.

9. Please attach any additional materials you wish to submit to support your request (rationale, conference material, letter of acceptance, etc.).

10. PLEASE BE SURE TO FILL OUT A TRAVEL EXPENSE VOUCHER IN ORDER TO RECEIVE REIMBURSEMENT OF FUNDS.