

TTOC PD Fund: Application for Funds

NOTE: This is an application for funds only. All original receipts supporting your expense claims must accompany this form and be submitted to the VTA PRO D Chair to receive reimbursement.

For PD Expenses to be considered, they must clearly relate to a TTOC position, specifically teaching in S.D. 22, not tutoring or other home-based business activities.

Date of Application: Year _____ Month _____ Day _____

Name of Teacher: _____

Personal Email Address: _____

I would like my email address to be added to the TTOC mailing list.

Mailing Address: _____

Phone Number(s): _____

Are you currently on the SD#22 TTOC list: Yes No

Do you currently have a part-time contract? Yes No

If yes, FTE: _____ At which school(s)? _____

Name of Conference/ Workshop: _____

Location: _____

Date(s): From: _____ To: _____

Claim:

PSA Memberships (\$50/ year) \$ _____

Registration Fee (up to \$200/ year) \$ _____

Child Care (\$18/hr up to \$240/day) \$ _____

Travel Expenses (up to \$150/ year) \$ _____

Professional Development Materials (up to \$100/ year) \$ _____

Honorarium (\$300/day) \$ _____

Total: \$ _____

Amount Approved \$ _____ by _____ (PD Chair)