



**Application for Professional Development Support**

Please return to Faculty Services Support Desk

156 College Rd, 907-262-0344 or 533 East Pioneer Ave, 907-235-7743

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Event: \_\_\_\_\_

Dates attending (Include Travel Time) \_\_\_\_\_

Event Location: \_\_\_\_\_

Priority Review Deadlines: September 6<sup>th</sup> and January 6<sup>th</sup>

**If you are not presenting at this event, your request will still be considered based on the following rationale. If you will be presenting, please attach an abstract or summary of activity.**

Is this your first application for professional development support during this fiscal year? Yes No

Explain briefly why you wish to attend. Please attach a flyer if available.

\_\_\_\_\_

Please describe your plans for sharing the information learned.

\_\_\_\_\_

\_\_\_\_\_

If you are an active committee member for this conference/organization, please explain your role.

\_\_\_\_\_

Anticipated expenses:

Registration (member rate): \$ \_\_\_\_\_

Transportation (flight, cabs): \$ \_\_\_\_\_

Lodging: \$ \_\_\_\_\_

Meals (Per-Diem): \$ \_\_\_\_\_

Total Requested: \$ \_\_\_\_\_

\*If this is a conference attended via the internet, please write N/A in transportation, lodging, and meals.

If you anticipate receiving funding from other sources—grant, mini-grant, scholarship—please indicate the source and amount. If you are not presenting, know that if the full cost of attendance exceeds your allotted amount you will need to use personal or non-KPC funds to pay the balance.

\_\_\_\_\_

Additional Comments if needed:

\_\_\_\_\_

Please indicate number of days of release time required for this activity and how your classes will be covered during your absence: \_\_\_\_\_

**Approvals**

KBC Director: \_\_\_\_\_

Date: \_\_\_\_\_

KPC Assistant Director's Approval: \_\_\_\_\_

Date: \_\_\_\_\_

KPC Directors Approval: \_\_\_\_\_

Date: \_\_\_\_\_