

Application Form - CDM Junior Faculty Development Fund

Applicant Information

Name		Academic Rank (check one)	<input type="checkbox"/> Instructor <input type="checkbox"/> Assistant Professor
Section		Division	

Professional Development Activity

Give the name of and/or briefly describe the type of activity (e.g. attend workshop, training program, enrichment conference, webinar, etc.) that funding is requested for.

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Sponsoring Organization			
Location of Activity			
Activity Date(s) (MM/DD/YY)			
Departure Date (MM/DD/YY) (if traveling)		Return Date (MM/DD/YY) (if traveling)	

Briefly describe how you expect this activity to contribute to your professional development (e.g., how it will enhance your teaching abilities or support you in your responsibilities/role at CDM).

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Attach a description or flyer from the sponsoring organization and/or provide information below that clarifies the nature of the workshop, training seminar, webinar, etc. If attending a conference for enrichment, specify as clearly as possible what activities you expect to attend and provide descriptions of these activities from the sponsoring organization.

Description flyer attached No description flyer attached (explanation provided)

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Budget					
What is the total amount required for your activity? (Itemize budget in next section)				\$	
How much of this amount will be funded by your Division/Section?				\$	
How much of this amount will be funded by another source? <i>Specify source</i>				\$	
What is your net request from the CDM Junior Faculty Development Fund?				\$	
Itemized Budget Information					
Registration Fee				\$	
Workshop Fee				Included with registration Additional cost \$	
Travel	<input type="checkbox"/> Car	<input type="checkbox"/> Plane	<input type="checkbox"/> Train	<input type="checkbox"/> Other (specify)	Included with registration Additional cost \$
Local transportation (e.g., to/from airport)				Included with registration Additional cost \$	
Lodging	Number of nights		Rate per night \$	Included with registration Additional cost \$	
Meals				Included with registration Additional cost \$	
Other 1 (specify)				\$	
Other 2 (specify)				\$	
				Total \$	
Approval and Signatures					
Division Director name:		Date	_____ Signature		
Applicant name:		Date	_____ Signature		
If selected, I agree to provide a 1- to 2-page report on my training within one month of completing my funded activity.					