

# WCCFT

## Adjunct Faculty Development Fund

To: **Adjunct Faculty**

From: Carolyn DiLeo (914) 606 - 8519

Re: Faculty Development Fund Application Form

Eligible: An adjunct who has completed a minimum of ten (10) semesters with WCC and who has been employed at least one semester during the academic year for which this application is being made. (It need not be the semester in which the activity was completed). Verification of this status must be obtained by their Division Dean in order for this application to be considered. For additional details see our website: [www.wccft.org](http://www.wccft.org)

---

For activities **between** September 1, 2008 and August 31, 2009

---

**This application is due no later than October 31, 2009**

Late applications **WILL NOT** be accepted

You may apply for reimbursement for tuition or for expenses you paid to attend a conference, a workshop, or similar professional activity. Your award will depend on the amount of funds available and the total number of applications received from other adjunct faculty for this period of time.

Your award is also subject to a coordination of benefits (COB) limit. This means you may receive **no more than** 100 percent of the cost of the activity from **all** sources of funding. The total fund (currently \$5,000) will be divided amongst all the applicants with a maximum of \$500 to be paid to any one member.

All receipts for the one or two activities must be submitted with this application. These should be returned to Carolyn Dileo, Room 27, Classroom Building by October 31, 2009. If you have any questions, please e-mail [Carolyn.dileo@sunywcc.edu](mailto:Carolyn.dileo@sunywcc.edu).

# WCCFT

## Adjunct Faculty Development Application

Please complete and return to: **CAROLYN DILEO, CLASSROOM BLDG, ROOM 27, by October 31, 2009. (Do not alter this form)**

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Course(s) taught \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Identify and attach receipts by Activity #. Use additional pages for more than 2 activities. Be certain to include supporting documents ( a brochure, course description) for each activity. Mileage must be supported by map quest or other similar documentation.

	ACTIVITY 1	ACTIVITY 2
Description		
Location		
Date(s)		
Expenses		
Travel		
Mileage*		
Lodging		
Registration		
Subtotal of above	\$	\$
Meals**		
Subtotal		
Total Request	\$	\$

\* Mileage is calculated at \$.55 per mile.

\*\* Meals must be identified by day- \$60 per day maximum

Did you receive funds from any other sources? Please identify source and amount received. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Subtract Amount	\$
Total Request(maximum \$500)	\$

	ACTIVITY 1	ACTIVITY 2
Meals (\$60 Max Per Diem)		
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		
Day 6		
Day 7		
Total Meals	\$	\$

**Attach receipts for all meals**

\_\_\_\_\_  
Applicant Signature & Date

\_\_\_\_\_

This applicant has completed a minimum of ten (10) semesters at WCC and was employed during the academic year 2008/2009 in the Division of \_\_\_\_\_ (please print)

\_\_\_\_\_  
Signature of Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name