

WCCFT

Faculty Development Fund

To: **Full-Time Faculty**
From: Carolyn DiLeo (914) 606 -8519
Re: Faculty Development Fund Application Form

Application for WCCFT Faculty Development Funds Due September 30, 2009

For activities **between** September 1, 2008 and August 31, 2009
Late applications **WILL NOT** be accepted

Please use page 2 and 3 to apply for Faculty Development Funds for all activities you **completed** between September 1, 2008 and August 31, 2009. The number of activities is unlimited.

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 full-time faculty for this period of time. The total funds will be divided amongst all applicants with a maximum of **\$1,500** to be paid to any one member.

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. Please complete pages 2 and 3 and **sign** the application.

All receipts for activities must be submitted with this application. These should be returned to Carolyn Dileo, Room 27, Classroom Building by September 30, 2009. If you have any questions, please call 606-8519.

WCCFT Fulltime Faculty Development Application

Please complete and return to: **CAROLYN DILEO, ROOM 27, CLASSROOM BLDG, 606-8519** by **September 30, 2009**.

Name _____

WCC Office Location _____ Office Ext. _____

Department _____

Refer to page 3 to itemize your expenses– and attach your receipts

*Meals: note current maximum per day is \$60

**Mileage: Must include supporting documentation (i.e. mapquest.com). Claim to be based on current reimbursement which is 55¢ per mile.

Did you receive funds from any other sources? Please specify amount and source

\$ _____ source _____

+\$ _____ source _____

+\$ _____ source _____

= _____ Total received

Minus _____ Total expenses (from page 3)

Total Request	\$ (maximum \$1,500)
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Applicant Signature & Date _____

It is very important that receipts be identified by activity # and stapled

	Activity 1	Activity 2	Activity 3	Activity 4
Description				
Location				
Date(s)				
Expenses				
Air/Rail				
Car rental				
Lodging				
Registration				
Mileage (\$.55)**				
Other (specify)				
Subtotal of above	\$	\$	\$	\$
Please itemize meals by activity				
Meals (\$60 Max Per Diem)				
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
Subtotal of meals only	\$	\$	\$	\$
TOTAL EXPENSES	\$	\$	\$	\$