



Professional Development Fund Application

Name	School	Name of PD Activity
Date of PD Activity	Location of PD Activity	
Have you accessed your school-based allocation for this activity? If yes, please identify the amount.		<input type="checkbox"/> Yes <input type="checkbox"/> No Amount:
Have you accessed any other PD Funds or Grants? If yes, please list the source and amount. Source:		<input type="checkbox"/> Yes <input type="checkbox"/> No Amount:
Describe how this PD Activity connects to the TQS/LQS and/or improves student outcomes.		
Describe how you will share your knowledge with your colleagues.		
Eligible Expenses		
<i>*Individual teachers may be granted support to a maximum of \$1500/year.</i>		
Please attach all documents to support the expected costs of the PD Activity.		
REGISTRATION Fee		\$
Breakfast included?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Lunch included?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Supper Included?		<input type="checkbox"/> Yes <input type="checkbox"/> No
SUBSTITUTE # days required ____x \$285 =		MEALS (reimbursed as per division policy and procedures) Breakfast # days required ____x \$12 =

ACCOMMODATIONS # days required ____ x ____ =		Lunch # days required ____ x \$18 =	
TRAVEL COSTS #km driven ____ x \$0.57 = Others means (eg. flight, bus) _____ = Parking/Park Pass _____ =		Dinner # days required ____ x \$30 =	
Anticipated Total Expense for PD Activity			\$
Other pertinent information (eg. Room sharing, carpooling, etc)			
To the best of my knowledge, the information and projected expenses about this activity are true and accurate.			
Applicant Signature:		Date:	
The personal information collected on this form will be used and disclosed solely for the purpose of processing this application and is collected under the authority of The School Act and Alberta's Freedom of Information and Protection of Privacy Act for the purpose(s) noted above.			
Principal Signature:	Date:	Submit to: ecacs.pd@ecacs16.ab.ca	
For Internal Use Only			
Date			
Cost Incurred \$			
Cost Reimbursement \$			
TOTAL			
Signature of Staff Development Fund Administrator		Date	