

**Greenbush Carl Perkins Consortium
Professional Development Funding Request 2007-08**

Please duplicate as needed

Name: _____

Program/Position:

E-Mail Address: _____

Phone: _____

District & High school Name and Number:

Professional Development Activity Information

Name of Activity: _____

Title of Activity: _____

Location of Activity: _____

Dates of Activity: _____

An approved PDP activity sheet approving this activity as a part of the applicant's comprehensive professional development plan is attached. Yes _____ No _____

Check the target issue(s) below that are related to your activity/professional development request.

- | | |
|--|--|
| <input type="checkbox"/> Academic & Technical Activities | <input type="checkbox"/> Professional Development Activities |
| <input type="checkbox"/> Articulation/Postsecondary Linkages | <input type="checkbox"/> Program Evaluation Activities |
| <input type="checkbox"/> All Aspects of an Industry Activities | <input type="checkbox"/> Sufficient Size, Scope and Quality Activities |
| <input type="checkbox"/> Use of Technology Activities | <input type="checkbox"/> Special Populations Activities |

Describe in detail how your participation in this activity fits into your Professional Development Plan and note your previous activity(ies) on which this activity will build. (If this is the first activity addressing a specific target issue, note as such.)

Describe in detail how you plan to use the information you gain from this activity.

Estimated list of expenses (Activity registration fee, hotel cost, airfare, mileage at \$0.47 per mile, etc).

Will reimbursement be made to school or other? School Other

If other, please complete the following information:

Name: _____

Address: _____

City/State/Zip: _____

Social Security Number: _____

I am willing to share/present information on what I have learned from attending this activity.

Yes No

Participation in this activity/conference has not been reimbursed by our district with local/state funds in previous years. An approved PDP activity sheet approving this activity as a part of the applicant's comprehensive professional development plan is attached.

Administrator Signature _____

Please mail completed form to:

Carol Zamaitis
Career & Technical Education
Education Service Center at Greenbush
311 E. Park
Olathe, KS 66061

❖ **NOTE: REQUEST FOR REIMBURSEMENT INCLUDING RECEIPTS MUST BE RECEIVED WITHIN 45 DAYS OF THE LAST DAY OF THE ACTIVITY TO RECEIVE REIMBURSEMENT. REQUESTS RECEIVED AFTER 45 DAYS WILL BE PLACED IN SEQUENCE TO BE PAID IF FUNDS REMAIN AFTER APRIL 1, 2008.**