



# PROFESSIONAL DEVELOPMENT FUNDING APPLICATION 2018 – 2019

Please review the PDOA [rubric](#) and/or Perkins [rubric](#) used for assessing this application prior to completion and submission.

1.	Name:		2.	ID#:	
3.	Ext #:		4.	Campus:	
5.	Department:				
6.	Title:				
7.	Classification:	Administrator	Career	Faculty	Professional
8.	Are you a regular full-time employee?	Yes No			
9.	Have you passed your 6-month probation?	Yes No			
10.	Does funding exist elsewhere to support this activity?	Yes No			
11.	Please indicate the source of the funding being requested: Professional Development Opportunity Awards (Allocated by the Office of Professional Development) Academic Affairs Professional Development Opportunity Awards (Allocated by Academic Departments) Perkins Funds (Allocated by Gina Stafford, Perkins Project Director)				

**Note: You are not eligible for this award if you answered “No” to questions 8 and/or 9 or “Yes” to question 10.**

## Activity Details

12. Activity Name:	13. Location:
14. Dates –	15. Travel Dates (If different from activity dates) –
Start Date:	Departing:
End Date:	Returning:
16. Activity Description:	

17. Please describe how the proposed professional development activity supports the College’s Mission.

*Daytona State College, a comprehensive public college, provides access to a range of flexible programs from community enrichment to the baccalaureate degree, emphasizing student success, embracing excellence and diversity, as well as fostering innovation to enhance teaching and learning.*

18. Please describe how the proposed professional development activity supports the outcomes of your department. If requesting Perkins funding, you must also indicate how the activity identified above supports the achievement of the Perkins performance measures as outlined in the [Perkins Professional Development Procedure](#).

19. Please describe your plan for disseminating the information gained through your participation in this proposed professional development activity. Remember to think about DSC community constituents who could benefit from this information. (Examples may include presenting at the Academic Excellence Symposium, hosting a lunch & learn presentation, re-designing a course, implementing programmatic changes, or leading a training session).

20. Proposed Budget: Please use the following table to itemize your funding request (totals will automatically calculate).

Item	Amount per Unit	Quantity	Total	Notes
Registration/Tuition Fee				
Hotel Accommodations				
Airfare				
Automobile Mileage	/mile			
Automobile Rental				
Parking				
Breakfast	/day			
Lunch	/day			
Dinner	/day			
Luggage				
Ground Transportation				
Other				
Other				
<b>Total dollar amount of funds proposed:</b>				

21. Use this space to explain and justify any/all relevant details of the proposed budget.

*If approved, all actual activities and expenditures must be consistent with the proposed budget. Any expenses incurred that exceed the award amount will be the responsibility of the employee.*

**SIGNATURES:**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

My signature verifies that I have read and understand the conditions of this application.

\_\_\_\_\_  
Supervisor/Chair

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Date Not Approved

My signature verifies my endorsement of this application and that I read and understand the conditions of this application.

After the above signatures are obtained, submit this application to the **Office of Planning and Professional Development, attention: John Brady, Daytona Beach Campus, Bldg. 100, Room 212 or preferably via email to John Brady. If you are requesting Perkins funding, please submit via email to Gina Stafford.**

Please direct questions to John Brady ([bradyj@DaytonaState.edu](mailto:bradyj@DaytonaState.edu)) or 506-3837.

Please use the space below to provide any other relevant information you would like the committee to consider. This may include additional details, justification, and/or motivations.