Description: P:\DOE\CSC Web Files\images\CSC-banner-41112.png

**Professional Development Fund Request Form**

1. *Completed form* ***must*** *be submitted via Epicenter.*
2. *Form* ***must*** *be submitted three weeks prior to the next Business Meeting date held on the 2nd Tuesday of each month) to be included on the agenda.*

|  |  |
| --- | --- |
| Name of Requestor |  |
| Organization/School |  |
| Phone |  |
| Email |  |
| Signature |  |
| Date |  |
| Total Amount Requested |  |

**Please explain the proposed use of funds in detail:**

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| --- |
|  |

**How will this proposal enhance the performance of charter schools?**

|  |
| --- |
|  |

**Please explain how this relates to your professional development:**

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| --- |
|  |

|  |  |
| --- | --- |
| Proposed Date of Activity |  |
| Duration |  |
| Location |  |
| Number of Participants |  |

*Please provide a breakdown of the Total Amount Requested. If you have received a proposal from a provider you* ***must*** *attach a copy to this request.*

|  |  |
| --- | --- |
| Registration Fee |  |
| Materials Fee |  |
| Venue Fee |  |
| Other (Please Explain) |  |
| Other (Please Explain) |  |
| Other (Please Explain) |  |
| Total Cost |  |