

# Professional Development FUNDING REQUEST FORM

Archdiocese of Louisville -- OLFE

EVENT DATE	Deadline for Request	EVENT DATE	Deadline for Request	Date Received in OLFE
<i>Aug 1 - Sept 30</i>	<b>July 1</b>	<i>Feb 1 - Mar 31</i>	<b>January 1</b>	_____
<i>Oct 1 - Nov 30</i>	<b>September 1</b>	<i>Apr 1 - May 31</i>	<b>March 1</b>	_____
<i>Dec 1 - Jan 31</i>	<b>November 1</b>	<i>Jun 1 - Jul 31</i>	<b>May 1</b>	_____

<b>Amount Requested</b>	<input style="width: 90%;" type="text" value="\$"/>
<b>Purpose of request</b>	
_____ <i>Consultant (Workshop Presenter)</i>	<i>Please complete Form C</i>
_____ <i>Travel (includes local conference registrations)</i>	<i>Please complete Form T</i>
_____ <i>Other (Books, calculators, copies, etc.)</i>	<i>Please attach an order form with letter of explanation</i>

**How does this expenditure relate to your school's Instructional Improvement Plan and your personal Professional Growth Plan? (Attach a copy of the applicable plans.)**

---



---



---

*Please continue on back, if necessary*

**Please explain how this expenditure will improve student learning and how that improvement will be measured. (Please be as specific as possible.)**

---



---



---

*Please continue on back, if necessary*

**Please explain how you will share the information with your colleagues. (Please be as specific as possible.)**

---



---



---

*Please continue on back, if necessary*

**Principal's Comments:**

---



---



---

*Please continue on back, if necessary*

**School Name** \_\_\_\_\_

**Name/Person requesting funding** \_\_\_\_\_

**Signature of person requesting funding** \_\_\_\_\_

**Signature of principal** \_\_\_\_\_

**School Phone Number** \_\_\_\_\_

**School e-mail address** \_\_\_\_\_

<b>Please circle one!</b>
Counselor
Special Educator
Teacher
Administrator

Return completed form, along with Form C or Form T to  
**Terry A. Crawley, Professional Development Office**  
 Office of Lifelong Formation and Education  
 1935 Lewiston Drive, Louisville KY 40216