

**FORM C**  
**(Funding Request for Consultant/s)**  
**Archdiocese of Louisville -- OLFE**

<i>Name of Workshop</i>	_____
<i>Date of workshop</i>	_____
<i>Brief description</i>	_____
	_____
	_____
	_____
	_____

<b>Consultant's (Presenter's) Name</b>	_____
<b>Consultant's Fee</b>	\$ _____
<i>Estimated travel expenses</i>	\$ _____
<b>Total</b> <i>(Fee plus travel expenses)</i>	\$ _____

*How much is your region/school willing to fund this activity? (Please explain)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Intended Audience** *Please check all that apply*

*Administrators* \_\_\_\_\_

*Teachers* \_\_\_\_\_

*Counselors* \_\_\_\_\_

*Other* \_\_\_\_\_

*(Please specify)*

**Return completed form along with a Funding Request to:**  
**Terry Crawley**  
**Professional Development Office**  
**1935 Lewiston Drive**  
**Louisville, KY 40216**