

MADISONVILLE COMMUNITY COLLEGE PROFESSIONAL DEVELOPMENT ENDOWMENT PROPOSAL

Name: _____

Title: _____

Proposal Categories (check one):

- | | |
|--|---|
| <input type="checkbox"/> Instructional Application | <input type="checkbox"/> Instructional Research |
| <input type="checkbox"/> Educational Materials | <input type="checkbox"/> System-wide Workshops |
| <input type="checkbox"/> Continuing Education/Credit Application | <input type="checkbox"/> Professional Development/Other |

Activity Name: _____

Activity Location: _____

Activity Date: _____ **Amount Requested:** _____

Proposal Description & Justification: *Briefly explain your proposal and how it relates to your job/responsibilities. Attach additional sheet if necessary.*

Budget:

| | Description | Amount Requested |
|---------------------|-------------|------------------|
| Tuition/Book Costs | _____ | _____ |
| Transportation | _____ | _____ |
| Lodging/Subsistence | _____ | _____ |
| Registration Fee | _____ | _____ |
| Software Purchase | _____ | _____ |
| Other Expenses | _____ | _____ |

Total:

-- FOR USE BY REVIEW COMMITTEE --

Date Received: _____

Received By: _____

Approved - Amount: _____

Disapproved

Signatures – Professional Development Endowment Co-chairs

Dean of Academic Affairs *Date:* _____

Director of Development *Date:* _____