



**Staff Professional Development Incentive Program
Funding Application Form**

Deadlines: November 15, January 15 and March 15

All application information must be completed in order to qualify for funding consideration.

Name: _____

I have worked at the College of Charleston at least 6 months _____

Are you a: permanent employee ____ or a temporary employee ____

Date of Application Submission: _____

Are you a first-time applicant? ____ Yes ____ No

If no, indicate the date(s) of previous application(s)

Applicant's Office or Division: _____

College Address: _____

College Phone: _____

College E-mail: _____

Applicants Supervisor's Name; _____ Applicants Supervisor's Phone: _____

Event Name: _____ Date(s): _____-_____ Location: _____

Type Participation: ____ Learner ____ Presenter ____ Other, Specify _____

Is this an annual event that has been attended by anyone in the department/division in the past? _____

To whom and by what means will information on this event be shared/disseminated post attendance?

Total Amount Requested from Staff Prof. Dev. Committee \$ _____

Department Funding (minimum of **50% required**) \$ _____

If this application is accepted, what budget index (6 digit) should be credited? _____

Applicant Signature: _____

Supervisor Signature: _____

EVP/Dean Signature: _____

Checklist:

- Application Form
- Proposal (1 page maximum)
- Itemized Budget
- Supervisor Letter of Support (only required for temporary staff)

Application Submission:

Send materials to:

PDF to sac@cofc.edu

Subject Line: Staff Professional Development Incentive Program