

**COMMON FACULTY PD FUND  
APPLICATION FORM - SCFA**

<b>Date of submission:</b>	<b>Amount requested:</b>	
<b>Funding category:<sup>1</sup>    Group ____    Individual ____    Top-up ____</b>		
<b>Name:</b>	<b>Tel:</b>	<b>School:</b>

**PROPOSED ACTIVITY**

Describe the proposed activity

**ALIGNMENT WITH CRITERIA**

Describe how this activity fits the criteria for this fund and how this will benefit the group or individual that will take part in this PD activity.

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<sup>1</sup> Note that the Review Committee reserves the right to disagree with the submitter's classification.

**AMOUNT REQUESTED**

<b>ITEM</b> e.g.: honorarium, fees, tuition, travel, accommodation, etc.	<b>COSTS</b>
<b>TOTAL COSTS</b>	
<b>FUNDING FROM OTHER SOURCES (IF APPLICABLE)</b>	
<b>NET REQUEST</b>	

**TIMELINES**

When must you have a decision? When will the PD event start/end?

**ADDITIONAL INFORMATION**

Add any other information that may assist the PD Review Committee in making a decision.

**School Support:**

I support this proposal.

\_\_\_\_\_  
School Chair Signature:

\_\_\_\_\_  
Second signature (for Group PD)

**REVIEW COMMITTEE COMMENTS:**