



Staff Development Fund Application Form 2022-23

Name		School	
Name of Activity	Dates of Activity	Location of Activity	
Individual Professional Development Funding			
Brief Description of Activity:			
<i>*Please attach supporting documentation (brochure, pamphlet, etc. indicating activity description, duration, location, and related costs)</i>			
Projected Eligible Personal Expenses			
<i>*Original receipts will be required</i>			
Registration		\$	_____
Travel Costs (expectation to travel by the most practical and economic means)		\$	_____
Accommodations		\$	_____
Substitute Teacher Required <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Days Substitute is Required: _____			
Meal costs will not be reimbursed			
<i>*Individual teachers may be granted support to a maximum of \$1000 within a consecutive 2-year period, inclusive of personal expenses and sub costs. See Staff Development Fund Guidelines for more information</i>			
Graduate Program Funding -			
Program:		Total Number Courses:	
Institution:			
Total Projected Tuition Expenses (Textbooks, student services, and other related fees not covered)		\$	_____
<i>*Approved graduate programs eligible for reimbursements up to \$625/course to a maximum of \$5000 for entire program</i>			
Principal Support: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, please comment:			
Principal Signature:		Date:	
Applicant Signature:		Date:	
The personal information collected on this form will be used and disclosed solely for the purpose of processing this application and is collected under the authority of The School Act and Alberta's Freedom of Information and Protection of Privacy Act for the purpose(s) noted above. If you have any questions about this application, please call 780-986-2500.			
Submit to: SDF@starcatholic.ab.ca	For Internal Use Only Funding Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____		
	_____	_____	
	Signature of Staff Development Fund Administrator	Date	



Graduate Program Reimbursement Form

to be submitted upon successful completion of each course

Name	School
Name of Course(s) Completed	
<i>*Please attach a copy of transcript indicating successful course completion</i>	
Actual Expenditure	
Tuition Fees (please include receipts) (Textbooks, student services, or other related fees not covered)	\$
*Approved graduate programs eligible for reimbursements up to \$625/course to a maximum of \$5000 for entire program See Staff Development Fund Guidelines for more information	
Applicant Signature: _____ Date: _____	
The personal information collected on this form will be used and disclosed solely for the purpose of processing this application and is collected under the authority of The School Act and Alberta's Freedom of Information and Protection of Privacy Act for the purpose(s) noted above. If you have any questions about this application, please call 780-986-2500.	
Submit to: SDF@starcatholic.ab.ca	
For Internal Use Only	
Date _____	
Cost Incurred	\$ _____
Cost Reimbursement	\$ _____
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> _____ Signature of Staff Development Fund Administrator </div> <div style="width: 30%; text-align: right;"> _____ Date </div> </div>	