



Staff Development Fund Application Form 2023-24

Name		School	
Name of Activity	Dates of Activity	Location of Activity	
Individual Professional Development Funding			
Brief Description of Activity: <i>*Please attach supporting documentation (link, 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			
<small><i>*Individual teachers may be granted support to a maximum of \$500/year + 1 day substitute teacher inclusive of personal expenses. Carry over from previous year (directly prior) is permitted to grant a maximum of \$1000 + 2 substitute teacher days. See Staff Development Fund Terms of Reference for more information</i></small>			
Graduate Program Funding -			
Program:		Total Number Courses:	
Institution:			
Total Projected Tuition Expenses (Textbooks, student services, and other related fees not covered)		\$	
*Approved graduate programs eligible for reimbursements up to \$625/course to a maximum of \$5000 for entire program			
Principal Support: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, please comment:			
Principal Signature:		Date:	
Applicant Signature:		Date:	
<small>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.</small>			
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	