

Funding Request
ATA Professional Development Fund
Medicine Hat Catholic Teachers

Name: _____

Title/subject of SAPDC opportunity: _____

Date of SAPDC event: _____

Location of SAPDC Event: _____

Amount of funds requested: _____

Cheque made out to: _____

Please check the following boxes:

- PD Guidelines, as posted on the Local website, were reviewed and PD meets criteria
- request form and PD guidelines reviewed by your school ATA PD rep

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Authorized Signature for Fund Expenditure: _____

(Chairman, Professional Development Committee)

Please submit completed form to school ATA PD representative.

(Approval of funds does not constitute registration for PD activity. School/PLC/individuals are responsible for registration)