



Albemarle County Public Schools Resource Center

401 McIntire Rd, Suite 349
Charlottesville, VA 22902

APPLICATION FOR Professional Development Reimbursement Program (PDRP) Funding

Full Name: _____ Date: _____

Home Address: _____

School/Location: _____ Current Assignment: _____ # Years Teaching _____

Application Semester Date (please check one): Summer/Fall (July-Dec) Winter/Spring (Jan-June)

For Course Registration/Reimbursement

Dept.	Course #	Title	Dates	Credit Hrs

This course is offered by _____ Tuition: \$ _____
(Name of College/University)

NOTE: Costs of texts and materials are not eligible for reimbursement.

This course will lead to the objective(s) checked below:

- NCLB/Highly Qualified requirements
- to meet initial licensure requirements or attainment. *My provisional license expires ___/___ (mm/yy).*
- to meet endorsement requirements. *I'm working on an endorsement in _____.*
- to meet re-licensure requirements; *My current license expires ___/___ (mm/yy).*
- to fulfill TPA professional growth goals

For Conference Registration

Conference Title	Conf. Location	Conf. Sponsor	Dates	Amt. Requested*
				\$

Please check if applicable: Presenter/Official 1st Time Conference Attendee

Briefly summarize your TPA Goal and how this coursework/conference funding supports that goal:

Applicant's Signature _____ Date: _____

Principal's Signature _____ Date: _____

Has leave been approved for this conference? Yes No

Funding of \$ _____ is **approved** by _____ Date: _____

Funding of \$ _____ is **denied** by _____ Date: _____

For office use only: Funding Source: Title II Local Dollars Other Budget Code: _____