



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): o Summer/Fall (July-Dec) o Winter/Spring (Jan-June)

For Course Registration/Reimbursement

Table with 5 columns: 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:

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

For Conference Registration

Table with 5 columns: Conference Title, Conf. Location, Conf. Sponsor, Dates, Amt. Requested*

Please check if applicable: o Presenter/Official o 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: o Title II o Local Dollars o Other Budget Code: _____