



District Q-Comp Professional Development Grant Request

Request Details	Teacher Name	Request Date
Name of Activity		Date of Activity
Location		Info Attached? (required for workshop request) Yes/No
Cost Substitute Pay: \$ _____ Registration Fee (attach completed registration form): \$ _____ Other (specify): _____ \$ _____ Total Amount Requested: \$ _____		
This conference relates to: <input type="checkbox"/> District Goal <input type="checkbox"/> Building Goal <input type="checkbox"/> Individual Goal <input type="checkbox"/> Other (specify): _____		
Justify how this activity connects to the goal indicated above:		
Action Taken Date Reviewed: _____ <input type="checkbox"/> Approved for \$ _____ <input type="checkbox"/> Denied because: _____ Signature (Core Committee Member) _____ Signature (Curriculum Director) _____		