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## Faculty Development Fund

To: **Full-Time Faculty**  
From: WCCFT (914) 606-8421  
Re: Faculty Development Fund Application Form

### **Application for WCCFT Faculty Development Funds Due September 30, 2016**

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Activities between September 1, 2015 and August 31, 2016  
Late applications **WILL NOT** be accepted

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Please use page 2 and 3 to apply for Faculty Development Funds for all activities you completed between September 1, 2015 and August 31, 2016. The number of activities are limited.

You may apply for reimbursement for tuition or for expenses you paid to attend a conference, a workshop, or similar professional activity. Your award will depend on the amount of funds available and the total number of applications received from other full-time faculty for this period of time. The total funds will be divided amongst all applicants with a maximum of **\$1,500** to be paid to any one member.

Your award is also subject to a coordination of benefits (COB) limit. This means you may receive no more than 100 percent of the cost of the activity from all sources of funding. Please complete pages 2 and 3 and sign the application.

All receipts for activities, mileage, and meals must be submitted with this application and should be returned to:

WCCFT Tech Building Room 32 or Student Center Room 221, by  
**September 30, 2016.**

If you have any questions, please call (914)606-8421 or 6904.

# WCCFT Full-time Faculty Development Application

Please complete and return to **WCCFT**,  
**Tech Bldg. ROOM 32 or Student Center ROOM 221, (914)606-8421 by**  
**September 30, 2016.**

Name \_\_\_\_\_

WCC Office Location \_\_\_\_\_ Office Ext. \_\_\_\_\_

Department \_\_\_\_\_

Refer to page 3 to itemize your expenses– and attach your receipts

\*Meals: note current maximum per day is \$60

\*\*Mileage: Must include supporting documentation (i.e. mapquest, google maps). Claim to be based on current reimbursement which is 54 cents per mile.

Did you receive funds from any other sources? Please specify amount and source

\$ \_\_\_\_\_ source \_\_\_\_\_

+\$ \_\_\_\_\_ source \_\_\_\_\_

+\$ \_\_\_\_\_ source \_\_\_\_\_

= \_\_\_\_\_ Total received

Minus \_\_\_\_\_ Total expenses (from page 3)

Total Request	\$ (maximum \$1,500)
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**Applicant Signature & Date** \_\_\_\_\_

**Receipts must be identified by activity # and stapled**

	Activity 1	Activity 2	Activity 3	Activity 4
Description				
Location				
Date(s)				
Expenses				
Air/Rail				
Car Rental				
Lodging				
Registration				
Mileage(.054) ***				
Other (specify)				
Meals*				
Subtotal	\$	\$	\$	\$
<b>Please itemize meals by activity and enter in Meals line above</b>				
Meals (\$60 Max Per Diem)				
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
Subtotal	\$	\$	\$	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>