Adjunct Faculty Development Fund

To: **Adjunct Faculty**
From: WCCFT
Re: Faculty Development Fund Application Form

Eligible: An adjunct who has completed a minimum of six (6) semesters and entering their seventh (7) semester with WCC and who has been employed at least one semester during the academic year for which this application is being made. (It need not be the semester in which the activity was completed). Verification of this status must be obtained by their Division Dean in order for this application to be considered.

For activities between, September 1, 2015 and August 31, 2016
This application is due no later than October 31, 2016
Late applications **WILL NOT** be accepted

You may apply for reimbursement for tuition or for expenses you paid to attend a conference, a workshop, or similar professional activity. *As a pilot program we will accept one CTS workshop as a reimbursable activity at a payout of $50 during the academic year.* Your award will depend on the amount of funds available and the total number of applications received from other adjunct faculty for this period of time.

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.   The total fund (currently $5,000) will be divided amongst all the applicants with a maximum of $ 750 to be paid to any one member.

All receipts for the one or two activities must be submitted with this application.   These should be returned to WCCFT, Tech Building, Room 32 or Student Center 221, by **October 31, 2016**.   If you have any questions, please call (914)606-8421 or 6904.

WCCFT
Adjunct Faculty Development Application

Please complete and return to: WCCFT, Tech Building, ROOM 32 or Student Center 221, by October 31, 2016. (Do not alter this form)

Name _____

Address _____City _____ ST _____Zip _____

Home Phone _____ E-mail _____

Course(s) taught _____, _____, _____.

Identify and attach receipts by Activity #. Use additional pages for more than 2 activities.   Be certain to include supporting documents (a brochure, course description) for each activity.   Mileage must be supported by MapQuest or other similar documentation.

	Activity 1	Activity 2
Description		
Location		
Date(s)		
Expenses		
Travel*		
Lodging		
Registration		
Subtotal	$	$
Meals**		
Subtotal	$	$
TOTAL REQUEST	$	$

* Mileage is calculated at 54 cents per mile.
** Meals must be identified by day- $60 per day maximum

Did you receive funds from any other sources? Please identify source and amount received. _____, _____, _____

Subtract Amount	$
Total Request(maximum $750)	$

	Activity 1	Activity 2
Meals ($60Max Per Diem)		
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		
Day 6		
Day 7		
Total Meals	$	$

Attach receipts for all meals

_____
Applicant Signature & Date

Please have this portion of the application completed by your Division Office.

This applicant has completed a minimum of six (6) semesters and entering their seventh (7) at WCC and was employed during the academic year 2015/2016 in the Division of _____
(Please Print)

_____   _____
Signature of Dean   Date

_____
Print Name