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Faculty Development Fund

To: **Full-Time Faculty**
From: WCCFT
Re: Faculty Development Fund Application Form

Application for WCCFT Faculty Development Funds Due September 30, 2017

For activities between September 1, 2016 and August 31, 2017
Late applications **WILL NOT** be accepted

Please use page 2 and 3 to apply for Faculty Development Funds for all activities you completed between September 1, 2016 and August 31, 2017. The number of activities are limited to four.

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 full-time faculty for this period. 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 limit. This means you may receive no more than 100 percent of the cost of the activity from all sources of funding.

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

WCCFT Tech Building Room 32 by September 30, 2017.

If you have any questions, please call (914)606-8584.

WCCFT Full-time Faculty Development Application

Please complete and return to **WCCFT**
Tech Bldg. ROOM 32, by
September 30, 2017.

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 (e.g., Google maps). Claim must be based on current reimbursement that is 53.5 cents per mile.

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

\$ _____ source _____

+\$ _____ source _____

+\$ _____ source _____

= _____ Total received

Subtract from total expenses (from page 3) _____

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

Please attach documentation for each activity, e.g., conference announcement

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(.0535) **				
Other (specify)				
Meals* (max \$60 per day)				
Subtotal	\$	\$	\$	\$
Please itemize meals by activity and enter in Meals line above				
Meals (\$60 Max Per Diem)				
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
Subtotal	\$	\$	\$	\$
TOTAL EXPENSES	\$	\$	\$	\$