

# WCCFT Full-Time Faculty Development Fund Application

2017-2018



## ELIGIBILITY:

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You must be employed as a full-time faculty member at Westchester Community College at the time of application. This application form is for activities completed between September 1, 2017 and August 31, 2018.

## APPLICATION INSTRUCTIONS:

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You may apply for reimbursement for expenses incurred for a conference, workshop, class, professional research or similar professional activity. No more than four (4) activities may be submitted for funding. Please include documentation in the form of receipts, certificates or other confirmation of the activity that includes the sponsoring organization, the location and the dates. For professional activities, the union will reimburse for expenses integral and necessary to complete the project, for example, travel (with justification of the need), lab use, archival access, photocopying. All reimbursements are only for expenses pertaining to the activity itself. We do not reimburse for membership fees for professional organizations or subscriptions to journals.

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 fund will be divided amongst all the applicants with a maximum of \$1,500 to be paid to any one member. You may receive no more than 100 percent of the cost of the activity from all sources of funding.

All receipts for each activity must be submitted with this application.

## SUBMISSION DEADLINE:

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Applications for WCCFT Full-Time Faculty Development Funds must be received by: September 30, 2018

Late applications will not be accepted.

Please return completed applications to the WCCFT Union Office:  
WCCFT, Tech Building, Room 32

For questions call (914) 606-8584 or email WCCFT Secretary Rowan Lindley, [rowanlwccft@gmail.com](mailto:rowanlwccft@gmail.com)

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Please complete and return to WCCFT, Tech Building, Room 32 by September 30, 2018

Name:	
WCC Office Location:	Office Tel Ext:
Department:	

Please itemize expenses and attach receipts on the next page.

- Meals: Please note the current maximum amount funded per day is \$60
- Mileage: Please include supporting documentation (e.g. Google Maps). Claim must be based on the current reimbursement of 54.5 cents per mile.

Did you receive funding for these activities from any other sources? If so, please specify the amount and source using the following table.

Amount Received:	Source:
\$	
\$	
\$	
Total Received:	

Subtract Total Received from Total Expenses (listed on the following page) to determine Total Request.

Total Request: \$ \_\_\_\_\_ (maximum \$1,500)

Signature:	Date:
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