

Professional Development Fund Application

Your Name: _____
Job Title: _____
Library: _____
Organization: _____
Street Address: _____
City: _____ State: _____ Zip/Postal Code: _____
Phone: _____ Fax: _____
Email: _____
Program/Course/Meeting: _____
Location: _____

Please attach the estimated budget detail for the activity, including:

Travel: _____
Lodging: _____
Registration: _____
Continuing education course fees: _____

Amount Requested: _____
Estimated Total Cost of Activity: _____

Amount your institution contributed to your professional development (CE, travel, meetings) last year: _____

Amount your institution will contribute to attendance at this year's meeting: _____

Amount you will be contributing to attend this year's meeting: _____

Please attach a brief statement (no more than 200 words) explaining why this course/program/meeting will be of benefit to you or your organization. Include in your statement other factors that will support your request.

I have read and agreed to the conditions stipulated by the [PNC Professional Development Fund](#).

Signature: _____

Date: _____

Mail, email, or fax the application and written paragraph to the PNC Treasurer:

Judith P. Hayes, PNC/MLA Treasurer
34353 Church Rd
Warren, OR 97053
judith.hayes@tuality.org
Fax: 503-681-1761, Attn: Judith

Decision: YES NO

Date Notified: _____