COAST COMMUNITY COLLEGE DISTRICT

STAFF DEVELOPMENT FUND APPLICATION

Name: _____

Position: _____ District Site:_____

_____Classified _____Confidential _____Supervisory/Mgmt _____Management

Proposed Staff Development Activity:

_____

_____

_____

Location: _____
City State

Date(s) attending: _____

Category of Funds:

$_____Registration **$_____Transportation**

$_____Tuition **$_____Lodging**

$_____Meals **$_____Books & Supplies**

$_____Other (please specify): _____

Total Amount Requested: $_____ (Note maximum allowed is $350)

_____ Date:_____

Application Signature