COAST COMMUNITY COLLEGE DISTRICT
Management Professional and Staff Development Program

APPLICATION FOR FUNDS

Name: _____ Date of Application: _____
Last First MI

District Email: _____ Extension: _____

Employee ID: _____ Department: _____

Location: District/DIS ☐ Coastline ☐ Golden West ☐ Orange Coast ☐ Hire Date as a Manager: _____

Job Title: _____ Salary Schedule: Educational Management ☐ Classified Management ☐

Please Check Appropriate Option:

☐ Option 1 - Professional Conference

Event/Workshop: _____ Date of Event: _____

Location: _____ Amount Requested ($1500 Max; $2000 Max for presenters/conference planners): _____

☐ Option 2 - Education Funds/Certification Programs

☐ Associate's Degree (annually, 2 year max)	Amount Requested ($1000 Max*)	_____
☐ Bachelor's Degree (annually, 4 year max)	Amount Requested ($2000 Max*)	_____
☐ Master's Degree (annually, 2 year max)	Amount Requested ($3000 Max*)	_____
☐ Doctoral Degree (annually, 3 year max)	Amount Requested ($3000 Max*)	_____
☐ Certificate Program	Amount Requested ($1500 Max)	_____

Highest degree earned _____

**Applicants applying for a second degree of the same level will only be eligible for 50% of the respective annual maximum.*

(Attach a copy of the conference/event brochure; Please follow District travel procedure #0040-5-3)

Objective and Justification: (To include title and description)

Approval is contingent upon the applicant's description of how this activity will meet the criteria outlined in the Management Professional and Staff Development Program Guidelines in the CDMA Management Policy. Please use this space to explain how this activity will help you in your management position in the Coast Community College District.

_____

_____

_____

_____

Applicant's Signature Date Supervisor's Signature Date

Proposed Board Approval Date: (Managers are responsible for obtaining Board approval)

Return to Daniela Thompson, District Administrative Director of Fiscal Affairs, for final approval

Committee Use Only:

Amount Approved: $ _____ *Year to date:* $ _____ *Budget Number:* _____

Accounting *Date*

11.17.15 rcw