

**School of Education
Professional Development Funds Application**

Name: _____ Program: _____

Department: _____ Academic Rank: _____

Full-Time: _____ Part Time: _____ Tenured: _____ Non-Tenured: _____

Title or brief project description. If this is a conference presentation, please identify the conference, title of your presentation, description of your presentation, and whether you are the primary presenter:

Total amount requested from Department and Dean's Office Development Funds: _____

Project focus: (Check all that apply. Place an asterisk (*) next to the one that you consider the primary focus.)

- _____ International conference presentation
- _____ National conference presentation
- _____ State conference presentation
- _____ Other academic conference presentation
- _____ research, project development or data collection
- _____ workshop development
- _____ workshop attendance
- _____ performance or exhibition
- _____ publication
- _____ certification/licensure/degree
- _____ curriculum development
- _____ instructional development
- _____ international teaching or research opportunity
- _____ grant writing or preparation
- _____ other

Please provide a complete response to each question below if applicable.

- A. Itemized budget for the use of funds. Include documentation detailing costs of specific expenses requested. Compensation for meals should be acquired through departmental, foundation or other funding sources.
- B. Identify the sources/amounts of other funding requested in the following Proposed Budget chart. Add appropriate items/categories to the chart as needed.
- C. How will the results of this activity be shared with or benefit other SOE and/or Ole Miss faculty?

PROPOSED BUDGET

Attach support documentation for the expenses detailed below.

	Department	Dean	Other (please specify)	Other (please specify)	Total
Travel					
Registration					
Lodging					
Supplies					
Other					
Total					

Department Chair Recommendation:

Please rate the value of this project to the department.

_____ No value

_____ Minimal value

_____ Moderate value

_____ High value

Additional comments:

Department Chair Signature

Date

School of Education Dean's Recommendation

To be completed by the Dean.

	Department	Dean	Other (please specify)	Other (please specify)	Total
Travel					
Registration					
Lodging					
Supplies					
Other					
Total					

Dean's Signature

Date