Vita-Learn Individual Member Professional Development Reimbursement Program Certification Form

The following educator is applying for funding assistance from Vita-Learn to support professional development needs. Please review this information, and certify its accuracy by signing below.

Applicant Name: _____

Applicant Email: _____

Professional Development Activity (e.g. name of workshop, conference, etc.):

_____

Prof. Dev. Date: _____

Supervisor Name: _____

Supervisor Email: _____

Supervisor Title: _____

Total Estimated Expenses: _____

Allocated District/School Funds: _____

Amount of Grant Request: _____

Certifications:

- ☐ The professional development activity listed above is approved by the Applicant's supervisor, and if funded, the Applicant will be provided appropriate release time to participate in the activity.
- ☐ Available funding from the school and/or district has been allocated to support participation in the Activity, and the Vita-Learn funding will augment those funds to allow the Applicant to participate in the Activity.

By signing below, I certify that the above information is true and correct.

Applicant Signature: _____ Date:_____

Supervisor Signature: _____ Date:_____

Budget Worksheet

Description	Amount
1	
2	
3	
4	
5	
6	
7	
8	
(sum of lines 1-8) **Total Estimated Budget**	
District/School Funding	
Personal Funding	
Grant Funding Request	
*The three funding lines above should add up to the **Total Estimated Budget***	

For mileage, please use $0.67/mile for calculating reimbursement amount.