

ISLMA LAURETTA McCUSKER, O.P., D.L.S.  
PROFESSIONAL DEVELOPMENT GRANT APPLICATION

Name:

Position:

School:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Mailing Address (If different from above)

City:

State:

Zip:

Professional Development event information:

\_\_\_\_\_ 1 Day - \$100 limit      \_\_\_\_\_ 2 Day - \$250 limit      \_\_\_\_\_ 3 or more days/course - \$500 limit

Name of event or course:

Date(s):

Location:

If possible, include a brochure or web site with information about this event.

OR

If an anticipated activity, list possible topics for professional growth and how they will apply to your professional development plan. (Use an additional sheet of paper if necessary)

I have read the Professional Development guidelines and understand that activities not related to school library media services will not be reimbursed.

I certify that the requested amount is not being reimbursed by any other entity.

Signature of Applicant:

Date:

Signature of Supervisor or Advisor: