

Special Grant Application

Special Grants are meant to assist after department funds have been applied. **Department and/or division funds must be the first source for employee travel and professional development.** Special Grants are merely a supplement to what department training funds can cover.

Name: _____ Title: _____

Department/Division: _____

Campus Extension: _____ Email: _____

Full-time Faculty

Adjunct Faculty

Full-time Staff

Select Your Grant

Conference Presentation	Presenter for a specific session at a conference (proof of presentation must be submitted)	Up to \$1000
Conference Attendance (<i>FT Faculty NOT eligible</i>)	Conference registration fees ONLY (funds will not cover airfare, hotel, or other travel related expenses)	Up to \$800
Specialized Training	Training for NEW skills which result in continuing education hours, certification, or licensure	Up to \$1,500

Conference/Training Details & Anticipated Expenses

Conference/Training Title: _____

Date(s): _____

Location (City/State): _____

Registration/Conference Fee: _____

Other Expenses – Only applicable if applying for Conference Presentation or Specialized Training	Amount
Airfare	
Ground Transportation	
Hotel	
Other	
Total:	

How does this funding support your professional development goals?

How does this funding support your department/branch and/or JCCC's strategic goals?

AGREEMENT: I have read the guidelines and rules for Special Grants and agree to adhere to them in completion of this activity. I agree to share the result of my activity as requested with a 10-minute presentation to the campus community during Professional Learning Days.

Applicant Signature

Date

Approvals

Department and division overnight travel and technical training funds should be utilized first to cover any of the above expenses before requesting funding from Special Grant.

Please check one and enter amount of department funds available to support this request:

With department funds of \$ _____

--- OR ---

Department funds are not available

Rationale for approval (REQUIRED)

Immediate Supervisor's Printed Name

Immediate Supervisor's Signature

Date

If immediate supervisor is not the dean, then dean will need to approve and provide if any division funds are available to support this request:

With division funds of \$ _____

--- OR ---

Division funds are not available

Dean/Director Printed Name

Dean's/Director's Signature

Date

For Internal Use

Comments:

___ Not Approved

___ Approved for \$ _____

Date: _____

Application Received: _____