



PROFESSIONAL DEVELOPMENT Financial Assistance Application

Applicant: _____ Date Requested: _____

School District: _____

Conference or Training presented by: _____

Training Date: _____

Location: _____

Address: _____

Financial assistance is available only for conferences or trainings in Oklahoma

Grade Level Benefited: _____ Number of Students Served: _____

Please check the GEAR UP objective that this training applies to:

___ To increase academic performance and preparation for postsecondary education for GEAR UP students.

___ To increase the rate of high school graduation and enrollment in postsecondary education for GEAR UP students.

___ To increase GEAR UP students' and their families' knowledge of postsecondary education options, preparation, and financing.

Please provide a brief description of the training: _____

Reimbursement requires full documentation and receipts. For travel or mileage reimbursement for auto travel, the applicant will be required to comply with Seminole State College Travel Reimbursement procedures.

Registration / Training Cost: _____

Estimated Travel Cost: _____

Total Requested Assistance: _____

Signature of Applicant

Date

Application approved and supported by:

Public School Administrator

Date

Project Director

Date

Professional Development Coordinator

Date