



DELTA TEACHERS' ASSOCIATION
PROFESSIONAL DEVELOPMENT FUNDING APPLICATION
- CREDIT COURSE



#210-5000 Bridge Street, Delta, BC V4K 2K4 Phone#604-846-0391 Fax #604-946-1629
 Email deltateachers@telus.net

DATE OF APPLICATION: _____

DTA Use Only	Date Rec'd.	Number	Form 5020CC
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NAME: _____

ADDRESS: _____

SCHOOL: _____

Email: _____

UNIVERSITY: _____

LOCATION: _____

- COURSE NAME: Masters
 Diploma
 PB+15
 Other

COURSE #: _____

COURSE BEGINS: _____

ENDS: _____

- Course outline attached
 Course fees/receipt attached

POLICY - please read before submitting your application

1. Submit completed/signed application **before** course begins
2. You are eligible for up to \$500.00 per year to a maximum of \$1300.00 over a three year period
3. When course is completed, send in proof of completion and receipt showing payment made
4. Travel expenses, parking and other extra fees are **not** reimbursable
5. T4A slips will be issued at the end of the year
6. Your social insurance number will be required for reimbursement and T4A

DTA FUNDS REQUESTED \$ _____

Principal/VP signature _____

ProD contact signature _____

FUNDING NOT GRANTED/MODIFIED

- Application late
 Application incomplete
 Maximum funding reached
 District funding should be used
 Other

FUNDING APPROVED

Amount \$ _____

ProD chairperson's signature _____

For Accounting Purposes Only (DTA Use)

Date _____ Cheque # _____ Amount \$ _____

SIN # _____