



Delta Teachers' Association

Professional Development Application

Credit Course

Form 5020CC

#110—4977 Trenant Street, Delta, BC V4K 2K5
 Fax # 604-946-1629 Phone # 604-946-0391 email: brianna@deltateachers.org

DTA Use Only	Date Rec'd.	Number
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Date of Application: _____

Name: _____

Home Address: _____

Your School/Worksite: _____ Email: _____

C.R.A. Accredited University: _____ Location: _____

Course Name: _____ Course #: _____

Course Begins: _____ Ends: _____

COURSE INFORMATION DOCUMENTS (from university) MUST ACCOMPANY YOUR APPLICATION. THESE DOCUMENTS MUST INCLUDE: Course number, course start and end date, location, course cost breakdown, and a brief description of the course.

POLICY - please read before submitting your application

FUNDING IS FOR ACTIVE MEMBERS ONLY

1. Funding is for **TUITION ONLY**. Student fees, texts, travel expenses, and other extra fees are not reimbursable (as per Canada Revenue Agency regulations).
2. Submit completed/signed application **before** the course begins
3. You are eligible for **\$1500 per year**
4. When course is completed, send in **proof of completion** and **receipt of payment**
5. **T4A slips will be issued at the end of the year** (as per Canada Revenue Agency regulations)
6. Your social insurance number will be required for reimbursement and T4A
7. Funding year is July 1—June 30.

Please sign that you have read the above policy _____

DTA FUNDS REQUESTED \$ _____

School Pro-D contact signature _____

DTA USE ONLY

FUNDING NOT GRANTED/MODIFIED

FUNDING APPROVED

1. Application late
2. Maximum funding reached
3. District funding should be used
4. Student fees, texts, etc. not included

Amount \$ _____

DTA PD Chair signature: _____

For Accounting Purposes Only (DTA Use)

Date: _____ Cheque # _____ Amount \$ _____

SIN # _____