



Mid-Willamette Education Consortium
Professional Development
Reimbursement Application

Chemeketa Community College
 PO Box 14007 Salem, OR 97309
 FAX: 503-399-6979
 Phone: 503-399-5239

FOR OFFICE USE ONLY

Previous Total: _____

Amount Approved: _____

Org Number: _____

Approved by: _____

Reason for Refusal: _____

CCN/Career Pathway

Integrating Academics

Technical Skills Assessment

Miscellaneous

OACTE

Regional Institute

Perkins IV Regional Workshops

Counselors

STATEMENT OF CONFIDENTIALITY: The information provided on this form will be deemed confidential and will be used for purposes that involve the MWEC and Chemeketa Community College only.

Applicant's Name: _____

Applicant's Email: _____

Job Title/Department: _____

SS #: _____ Applicant's Fax #: _____

School: _____

Work Telephone: _____ Home: _____

ACTIVITY INFORMATION

Title/Description of Activity: _____

Location of Activity: _____ Date(s) of Activity: _____

BREAKDOWN OF FUNDS REQUESTED

Substitute Cost: \$ _____ Registration: \$ _____

Other costs \$ _____ Explain: _____

Matching Funds (if applicable)

Source: _____

**TOTAL REGION 3
 FUNDS REQUESTED: \$ _____**

Amount: \$ _____

ASSURANCES:

Approved Career & Technical Education professional development activities will:

- Focus on rigorous academic and technical skill attainment for students
- Result in improved student performance
- Promote integration: academic & technical, state and federal, secondary and post secondary
- Improve utilization of data to improve student performance

The applicant will:

1. Provide verification of expenditures with Invoice/Evaluation forms.
2. Perform at least one of the following activities:
 - Write an article for the RECap by _____
 - Share information with colleagues locally by _____
 - Share information across the region by _____

 Applicant's Signature

____/____/____
 Date

 Principal/Supervisor's Signature

____/____/____
 Date