



Mid-Willamette Education Consortium

Staff Development Reimbursement Application

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

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

Applicant's Name: _____

Applicant's Email: _____

Job Title/Department: _____

SS #: _____ Applicant's Fax #: _____

School: _____

Mailing Address: _____

Work Telephone: _____ Home: _____

FOR OFFICE USE ONLY

Previous Total Breakdown:

317725 _____

317709 _____

Other _____

Amount Approved: _____

Approved By: _____

Date Approved: _____

Reason for Refusal:

- Late application
Program not approved
Exceeds funding limit
Other: _____

- Regional Institute
Service Learning
High School Redesign
PTE
CCN/Design Teams
YOS

ACTIVITY INFORMATION

Title/Description of Activity: 2006 OACTE Spring Conference "Building Pathways"

Location of Activity: Sunriver Lodge and Conference Center Sunriver, Oregon Date(s) of Activity: April 5 -7, 2006

BREAKDOWN OF FUNDS REQUESTED

Pre-Registration: \$ _____ Registration Fee: \$ _____ Substitute Cost: \$ _____

Please register me with others from Region 3

Other costs \$ _____ Explain: _____

Matching Funds (if applicable)

Source: _____

TOTAL REGION 3 FUNDS REQUESTED: \$ _____

Amount: \$ _____

Assurances:

- Applicant is a Mid-Willamette Education Consortium educator in an approved Carl Perkins program, is a design team activity or other approved area.
Staff development opportunity will have impact on teaching, on students, or on a specific program, and has applicability in other classrooms.
Activity has relationship with regional goals/outcomes for Carl Perkins, WIA, or other funding sources.
Applicant will share the information with others in the region by performing at least one of the following, which is determined by the MWEC office:
1. Writing an article for RECap
2. Presenting material at design team meeting
3. Share with staff and students
4. Other
Applicant will provide verification of expenditures with Invoice/Evaluation form.

Applicant's Signature _____

Date ____/____/____

Principal/Supervisor's Signature _____

Date ____/____/____