

Please attach a copy of the registration information or your application will not be considered complete. When completed, please put in PTA mailbox for review. Thank you.



Application for RPRY PTA Professional Development Funds

Teacher's Name: _____ Date: _____

Grade(s) Taught: _____ Subject(s) Taught: _____

Number of Years at RPRY: _____ Highest Level of Education: _____

Please state the following information about the professional development opportunity:

Title/Presenter/Location:

Date of workshop/conference (must be at least 30 days from date of application):

Cost:

Why do you hope to attend? How will you and your students benefit from your participation?

How will you share what you've learned with your colleagues?

_____ Yes, your application has been approved. Please submit proof of attendance upon return to receive reimbursement. Thank you and congratulations!

_____ No, your application has not been approved because:

Signatures required:

Principal

PTA Chair