

# MAHPERD PROFESSIONAL DEVELOPMENT FUND APPLICATION

As a membership benefit, each member can apply for substitute funds to attend a state, district, or national convention/meeting.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (School) (\_\_\_\_\_) \_\_\_\_\_ (Home) (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## SPECIFIC CRITERIA:

1. **Applicant must have current MAHPERD membership and must have been a MAHPERD member at least one year prior to submitting application for Professional Development Funds.**
2. Applicant must apply at least two months prior to the date of the meeting or convention.
3. Applicant can apply to attend, speak, run for office or receive an award at a state, district, or national convention/meeting.
4. If approved, the applicant must attend the entire period for which substitute funds are approved.
5. Application must be signed by your school principal.

## REQUEST FOR SUBSTITUTE FUNDS:

1. For which state, district or national convention/meeting are you applying? \_\_\_\_\_

2. Date(s) of convention/meeting: \_\_\_\_\_

3. How many days are you requesting funding? \_\_\_\_\_

4. Have you received any funding prior to this request? \_\_\_\_\_

If Yes, how many times? \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

PRINCIPAL'S SIGNATURE: \_\_\_\_\_

**PRINT PRINCIPAL'S NAME:** \_\_\_\_\_

**SCHOOL NAME:** \_\_\_\_\_

**SCHOOL ADDRESS:** \_\_\_\_\_

Mail to:

Professional Development Fund • MAHPERD  
828 Dulany Valley Road, Suite 8 • Towson, MD 21204

Finance Committee Action:    Approved     Disapproved