

# ST. LAWRENCE VALLEY TEACHERS' LEARNING

Satterlee Hall 106, SUNY Potsdam, 44 Pierrepoint Ave., Potsdam NY 13676  
Phone: (315) 267-3411 Fax: (315) 267-2531 Email: tlc@potsdam.edu



## Teacher Requested Professional Development Grant Application

A group of 2 or more teachers from any district or combination of districts in St. Lawrence County can request Teachers' Center funding for professional development in their district or some other centralized location. The training needs to serve a minimum of 10 people. The Teachers' Center reserves the right to extend an invitation to educators from other districts to attend. Applications should be submitted about 2 months prior to the scheduled event.

**District:** \_\_\_\_\_

**Person(s) Applying:**

**Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

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

**Fax:** \_\_\_\_\_

**Title and Description of Program**

**(Attach detailed description and/or brochure if available):**

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**Proposed Date and Location:** \_\_\_\_\_

**Proposed Audience:** \_\_\_\_\_

**Relationship to New York State Learning Standards:**

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**Technology Integration (if applicable):**

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**Amount Requested from the Teachers' Learning Center:**

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**Number of educators expected to be served (min. of 10):** \_\_\_\_\_

**Has your organization received funding through the Teachers' Learning Center in the past? If yes, when, for what purpose, and how much was received?**

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**Total Proposed Budget:**

**Presenters' Fees** \_\_\_\_\_

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**Materials (please list)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Refreshments** \_\_\_\_\_  
\_\_\_\_\_

**Housing** \_\_\_\_\_  
\_\_\_\_\_

**Mileage (@ \$.485/mile)** \_\_\_\_\_

**Other (please specify)** \_\_\_\_\_  
\_\_\_\_\_

**REGISTRATION FEE TO BE CHARGED (if any)** \_\_\_\_\_

**It is agreed, that if this program receives funding from the St. Lawrence Valley Teachers' Learning Center, attendance will be offered to other districts and organizations served by the Teachers' Center.**

**Please return this application 2 months prior to the scheduled event.**

\_\_\_\_\_  
**Applicant(s) Signature(s)**

\_\_\_\_\_  
**Applicant(s) Printed Name(s) and Title**

\_\_\_\_\_  
**Applicant(s) Signature(s)**

\_\_\_\_\_  
**Applicant(s) Printed Name(s) and Title**

\_\_\_\_\_  
**Blding Admin Signature  
of proposed location of the  
program (if applicable)**

\_\_\_\_\_  
**District Superintendent Signature**

