

**PACADA PROFESSIONAL DEVELOPMENT GRANT  
APPLICATION COVER PAGE**

**Name**

**Department**

**College/School**

**Building**

**Telephone Number**

**E-mail Address**

**Job Title**

**Description of your Position**

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**Conference Requested (Please Check One)**

- ☐ National Conference (\$400.00 max)  
☐ Region Conference (\$200.00 max)  
☐ State Conference (\$100.00 max)  
☐ Other Conference  
☐ Other Professional Seminars/Trainings/Workshops

**Please indicate the name of the conference or the professional seminars/trainings you are planning to attend:**

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**I have read the application requirements and general information and agree to abide by the terms contained herein.**

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**Applicant's Signature**

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**Date**

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**Supervisor/Department Head Signature  
(Required, indicates consent to attend the conference)**

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**Date**