

Archdiocese of Louisville
Professional Learning - FUNDING REQUEST FORM

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-CONFERENCE/TRAINING-

***REMINDER...** expenses will not be eligible for reimbursement if any conference expenses are paid by you prior to your receiving Funding Approval from the Office of Catholic Schools.

Virtual In-Person

NAME OF SCHOOL: _____

EVENT Name: _____

Please provide a brochure/flyer with conference description and cost.

DATE(S)/Location: _____

REGISTRATION FEE: _____ →

_____ X _____ = _____

(number of persons X member/group rate ONLY = registration fee)

Please provide a BLANK Conference Registration Form.

HOUSING EXPENSE: _____ →

_____ X _____ = _____

(number of nights X room rate + tax = housing expense)

TRAVEL EXPENSE: *(includes items listed below)* _____ →

•Airfare •Baggage •Shuttle/Taxi/UBER/LYFT

TOTAL AMOUNT REQUESTED: _____ →

YOUR SCHOOL IS CONTRIBUTING: _____

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-CONFERENCE-

PERSON(S) ATTENDING CONFERENCE/TRAINING: (NAME / Position / SCHOOL Email / HOME Email / CELL#)

1.) _____

2.) _____

3.) _____

Information for additional attendees may be submitted on a separate sheet

PLEASE EXPLAIN HOW YOU WILL SHARE INFORMATION FROM THIS CONFERENCE/TRAINING WITH YOUR COLLEAGUES:

PRINCIPAL'S COMMENTS: _____

PRINCIPAL'S SIGNATURE: _____

ADDITIONAL items that must accompany this request:

- *your School Improvement Plan or your Professional Growth Plan
- *JCPS Title II, Part A or Title IV, Part A Funds Needs Assessment FORM