



Delta Teachers' Association

Professional Development Application

Credit Course

Form 5020CC

#110—4977 Trenant Street, Delta, BC V4K 2K5
 Fax # 604-946-1629 Phone # 604-946-0391 email: marilyn@deltateachers.org

DTA Use Only	Date Rec'd.	Number
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Date of Application: _____

Name: _____

Address: _____

School: _____

Email: _____

University: _____

Location: _____

Course Name: _____

Course #: _____

Course Begins: _____

Ends: _____

Course outline, course information (which includes cost breakdown, dates, and location) must accompany your application.

POLICY - please read before submitting your application

1. Funding is for TUITION ONLY. Student fees, texts, travel expenses, and other extra fees are not reimbursable
2. Submit completed/signed application **before** the course begins
3. You are eligible for **\$500 per year**
4. When course is completed, send in **proof of completion** and **receipt of payment**
5. T4A slips will be issued at the end of the year
6. Your social insurance number will be required for reimbursement and T4A

DTA FUNDS REQUESTED \$ _____

Pro-D contact signature _____

DTA Use Only

FUNDING NOT GRANTED/MODIFIED

1. Application late
2. Maximum funding reached
3. District funding should be used
4. Student fees, texts, etc. not included

FUNDING APPROVED

Amount \$ _____

PD Chair signature: _____

For Accounting Purposes Only (DTA Use)

Date: _____ Cheque # _____ Amount \$ _____

SIN # _____