



# 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](mailto: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 **\$800 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 # \_\_\_\_\_