

**CTAHPERD PROFESSIONAL DEVELOPMENT GRANTS
APPLICATION FORM**

CTAHPERD Member	Date
School/Agency	W Phone
Address	Email
Home Address	H Phone

I would like to attend the following professional conference (attach announcement):

Title: _____

Location: _____ Date: _____

I would like to spend one professional visitation day with:

Professional: _____ Phone: _____

School District/Agency: _____

Address: _____

Visitation Date: _____

Signature of administrative authorization: _____

Conference Registration Fee \$ _____ Substitute Reimbursement Fee \$ _____

Mileage (\$.30/mile) \$ _____ (round trip: home, site, home) (maximum 200 miles)

Upon receipt of this application, you will be notified within 10 days by phone or email as to the results of the application. Written confirmation will follow by mail. Questions? 860.644.9206, or ckapral@ctahperd.org

**Send completed application to: Connie Kapral, Executive Director
563 Miller Road, South Windsor, CT 06074**