

BLUEFIELD STATE COLLEGE
PERSONNEL DEVELOPMENT APPLICATION FOR FUNDING

Name:	SS#:	Home Phone:
Address:		Office Phone:
Rank/Title of Classification:	Years at BSC:	Category of Request:
Description of proposed activity (Attach Supporting Materials)		
This activity will contribute to or enhance my ability to perform my Bluefield State College responsibilities in the following way(s):		
Date of Proposed Activity:	Location of Proposed Activity:	
Itemization of Costs:		
Total Funds Requested: \$		
Did you submit a request to your division chair/supervisor for departmental travel funds? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I understand I have a commitment to continue at Bluefield State College for a period of one year after the completion of the activity financed or return all monies advanced.

Signature Faculty/Staff Member Date

Are department travel funds available for this activity? Yes No If yes, amount available \$ _____

Statement from Division Chair/Supervisor:

Signature Division Chair/Supervisor Date

Date Received _____ Date of Committee Action _____ approved disapprove
Total Funds Approved _____

Follow Up:

Documentation of successful completion of activity Date received _____

Signature Personnel Development Chair Date