

**Clarence Central School District
Application for Professional Improvement Program**

NAME: _____ Date of Request: _____

School: _____ Dept &/or Grade: _____ Position: _____

Title of Program or Request: _____

Location: _____

Dates of Program: _____ Days (including travel days) S M T W TH F S

Have you ever been given a PIP Grant? YES_____ NO_____

(At each meeting, priority will be given to those who have never received a PIP Grant. All other applications will be considered in the order received by the Superintendent's office.)

- Are you a tenured teacher as of the date of this application? YES_____ NO_____
- Is your principal or supervisor able to fund this request: YES_____ NO_____
- Is there a registration deadline? If so, when is it? _____

IMPORTANT:

Your request must conform to the specifications as described in the Negotiated Agreement. Please read Article 12.06 through 12.10 carefully and direct any questions to a TEPS committee member. You must ask a TEPS Committee member to read your completed application.

Name of TEPS member who assisted you: _____

Part 1: Projected Expenses

EXPENSES	DESCRIPTION	AMOUNT
Transportation:		
- Auto (# of miles x IRS rate per mile)		
- Airfare/train fare		
- Other (bag fees, tolls, parking, cab, etc.)		
Hotel (include tax except NYS tax)		
Meals (guideline = \$50 per day)		
Registration Fee		
Materials (not to exceed \$100)		
Other (explain)		
Grand Total (Maximum grant is \$1500)		

Continue.....

Part 2: PROGRAM DESCRIPTION:

Please discuss your objectives in attending this activity. Explain its relationship to your current teaching area and/or assignment. Be as specific as possible. PIP funds will not be awarded when the focus of the activity is not primarily targeted toward the teacher's classroom assignment. An ambiguous program description may result in a rejection of your application.

Part 3: LINKS

Please add links to supporting information: conference brochure or website, hotel info, etc.