

Application for Coaching Development Fund
2010 - 2011
Application to be Submitted to Joan Seivold

Name: _____ Today's Date: _____

I. Application for Funds:

Intended use of funds: _____

(Please attach information about the clinic, workshop, etc...)

Amount Requested: _____
(Receipts must be submitted for reimbursement)

Date(s) of Opportunity: _____

Dates of School Days Missed: _____

Number of Professional Days to be Used: _____

Dates of Practice(s)/Game(s) to be missed: _____

Do you have personal funds to contribute? ____ If so, how much? _____

Will you receive any remuneration of any kind to participate in this proposed activity? _____, if so, please present details: _____

If awarded funding, will you be prepared to submit a written summary of the benefits of the experience within one week of your return? _____

I. Description of the proposed Coaching Development Opportunity:

II. How will this opportunity impact your coaching?

III. How will this opportunity impact your athletes?

IV. How will you share your work or learning with others in The Blake Athletic Department?

Projected Budget:

- Registration Fee _____
 - Travel _____
 - Lodging _____
 - Food _____
 - Additional Expenses _____
- Total** _____

To be completed by committee:

VII. Decision

Date _____

_____ Approved

_____ Pending

_____ Not Funded

Amount Requested _____

Prior Personal Funds used for Development _____
(over the past two years)

Prior Professional Funds Used for Development _____
(over the past two years)

Stipends or other Funding Received _____

Amount Awarded _____

Comments from Committee:

