



# AP 135 FORM – FAITH DEVELOPMENT REQUEST

In order to accommodate as many requests as possible, Faith Development activities will be funded to a maximum of \$300.00.

APPLICANT: \_\_\_\_\_

POSITION: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

Faith Development Committee use only:

Pre-Approved for funding \$ \_\_\_\_\_

This is the maximum grant

Individual

Group

## Activity Details: (Please attach brochure/info and registration form for conference, retreat, etc.)

Activity: \_\_\_\_\_ Location: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

Additional details: \_\_\_\_\_

How will this activity help you in your faith development? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Projected Expenses:

Registration Fee: \$ \_\_\_\_\_  
Accommodations – Hotel/Motel: \$ \_\_\_\_\_  
Or Private @ \$35/night: \$ \_\_\_\_\_  
Transportation (carpooling is encouraged)  
\_\_\_\_\_ km X \$0.46: \$ \_\_\_\_\_  
Airfare: \$ \_\_\_\_\_  
Meals (B-\$10;L-\$18; S-\$22 max): \$ \_\_\_\_\_  
Total cost: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete, sign and give to your school's Faith Development Rep to be considered at the next Faith Development Committee Meeting.

This box is for Faith Development Committee use only.

Approved  Denied

\_\_\_\_\_  
Signature of Faith Development Committee Chair

\_\_\_\_\_  
Date

## Actual Expenses:

Registration Fee: \$ \_\_\_\_\_  
Accommodations – Hotel/Motel: \$ \_\_\_\_\_  
Or Private @ \$35/night: \$ \_\_\_\_\_  
Transport \_\_\_\_\_ km x \$0.46: \$ \_\_\_\_\_  
Airfare: \$ \_\_\_\_\_  
\_\_\_\_\_ Breakfast@ \$10: \$ \_\_\_\_\_  
\_\_\_\_\_ Lunch @ \$18: \$ \_\_\_\_\_  
\_\_\_\_\_ Supper@ \$22: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete, sign, **ATTACH ALL RECEIPTS**, and submit to your Faith Development Rep in order to be reimbursed.

This box is for Faith Development Committee use only.

The Faith Development Committee approves funding in the amount of \$ \_\_\_\_\_, as per AP 135 Personal Faith Development Grants to be paid to the Applicant.

FD Chair: \_\_\_\_\_

Director/Designate: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only

Faith Development: 1-2-12-160-223-146-001



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Why was this Faith Development valuable? Explain.

How will this Faith Development help you in your current position? How will it impact your school?

Would you recommend this Faith Development to a co-worker? Why or why not?