



## SELF DIRECTED APPLICATION FOR REMEDY

***Approval of this form indicates that your proposed plan meets the requirements of the Professional Development Fund Policy. In order for your proposed plan to be approved, you must be an active member of the ADTA from the time of application to the time of fund reimbursement. This form needs to be reviewed by the ADTA ProD Committee prior to the day of your event. The ProD Committee meets on a monthly basis.***

*Should you require additional space to complete any section of this form, please attach a separate piece of paper.*

Applicant's (your) Name: \_\_\_\_\_

Name of School: \_\_\_\_\_

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

1. What is the date that the activity/event will take place? \_\_\_\_\_

2. What is the location of the activity/event?

\_\_\_\_\_

3. What is the name of the activity/event: \_\_\_\_\_

4. Describe the activity/event:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. How might this activity/event contribute to your professional growth?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. What is the proposed/expected budget for this activity/event? \_\_\_\_\_

7. List the expenses you will be claiming:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Please include an agenda for your day.

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*I have read the current [Professional Development Policy](#) and have met the requirements of the policy.*

Applicant's Signature: \_\_\_\_\_

For ADTA Office use only

Approved: \_\_\_\_\_  
*(subject to available funds and policy requirements)*

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