

**THE NETWORK
OF COMPLEMENTARY SCHOOLS, INC.**

PROFESSIONAL DEVELOPMENT GRANT APPLICATION

Name _____ Date _____

School _____

Position _____

School Phone Number _____

Home Address _____

Home Phone Number _____

Network School(s) you would like to visit:

Proposed Project:

Proposed Date of Network Project: _____

Requested Grant Amount (Complete reverse side): _____

In the space below, describe your project more fully and explain what you hope to gain from this experience. (You may attach an additional sheet.)

Return this form to your Network Advisor who will forward the information to the Network Executive Secretary. You will be notified regarding this application as soon as possible. Thank you for applying.

ESTIMATED EXPENSES

Please fill in all categories that apply with the estimated expenditure.
Documentation of expenses will be required at the conclusion of the visit.

TRANSPORTATION:

ROOM/BOARD:

SENDING SCHOOL EXPENSES (be specific):

RECEIVING SCHOOL EXPENSES (be specific):

OTHER:

SOURCES OF FUNDS, OTHER THAN GRANT:

Principal or Head of School Signature

Date

Applicant Signature

Date

Additional comments in support of this application are optional.
They may be provided below or on an attached sheet.