



Southern California Chapter

2018-2019 PROFESSIONAL DEVELOPMENT ACADEMY

Applicant's Name

Title

Supervisor's Name

Title

Signature

Date

Please provide a statement to help the selection committee to evaluate the applicant's participation in the Professional Development Academy. Please address the following in your statement:

- In what ways do you feel the applicant will benefit from this academy?
- As the applicant's supervisor, what do you hope she/he will gain by participating in the Professional Development Academy?
- Please describe any special achievements the applicant has been recognized for at your institution, or discuss work-related skills/talents the applicant possesses.



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We understand that the 2018-2019 Professional Development Academy will take place from Friday, May 3, 2019 to Sunday, May 5, 2019 at the UCLA Lake Arrowhead Conference Center.

If selected, we acknowledge that the tuition cost for the 2018-2019 Professional Development Academy is \$1,200 per applicant. Tuition includes materials, supplies and most meals. It also includes lodging accommodations. We also understand that the **sponsoring program/institution is expected to cover transportation.**

Furthermore, we acknowledge and agree to pay the cost of \$900 by **May 3, 2019.**

The \$300 dollar balance will be covered by SoCal WESTOP in the form of a professional development scholarship.

As the applicant, I hereby agree, barring emergencies, to attend every session as scheduled and that poor attendance may result in dismissal from further participation in the academy with no tuition refund. I realize the importance of each training session and commit to participate in all activities and complete all assignments. I further confirm that I have secured my supervisor's approval for the necessary time commitment and tuition cost required to complete the academy.

Applicant's Signature

Date

Supervisor's Signature

Date