

**COPE Professional Development Award
Funding Request Form
Idaho State University**

Today's date: _____ Date needed by: _____

Name: _____

Phone: _____ Email: _____

Title: _____

Department: _____

<u>COSTS</u>	
Registration:	_____
Travel:	_____
Lodging:	_____
Total Cost:	_____

<u>FUNDING</u>	
Amount requested from COPE:	_____
Amount from other funding sources:	_____

The PDA will be taxable income to the recipient unless at least one of the following criteria is met:
Your attendance at this event is requested by your employer. Yes No
Explain:

The purpose of this event benefits your employer. Yes No
Explain:

The educational experience earned by this event maintains or improves your present duties. Yes No
Explain:

The event improves your skills in some area. Yes No
Explain:

How will this be beneficial to the employee and ISU:

Employee Signature

Board Rep. Signature

- NOTE:**
- Please attach a letter from your supervisor explaining how this event will assist you in your job responsibilities.
 - At the conclusion of the workshop/seminar, the applicant will submit a written report of the activities to the COPE Board. For more information, visit:
<http://www.isu.edu/cope/guidelines.shtml>

For Personnel Use Only:	
Approved _____	Denied _____
Amount:	_____
Comments:	_____ _____ _____
Approved/Denied By: _____	Date _____