Application for Funding by Faculty Senate

Date of Application:

Name(s) of Attendees:

Conference/Event:

Location: **Dates:**

Description of Conference:

Breakdown of Cost (Itemize):

Total Amount to be paid by Faculty Senate: $

Rationale/ benefits to yourself, students and/or GCCC faculty:

Date of last conference attended that was paid for by faculty senate:

For Faculty Senate Use Only

_____Approved

_____Denied

_____Date Received