

**Bakersfield College**  
**SDCC Scholarship Application**  
**for Professional Development**

Date of request: \_\_\_\_\_

*Those requests submitted 45 days prior to the event will be given priority.*

Request Submitted by: \_\_\_\_\_

Requestor's email: \_\_\_\_\_

Requestor's phone number: \_\_\_\_\_

Title of Conference or Workshop: \_\_\_\_\_

Conference/Workshop Date: \_\_\_\_\_

Number of Participants: \_\_\_\_\_ Classified: \_\_\_\_\_ Academic: \_\_\_\_\_ Administration: \_\_\_\_\_

Please refer to the Staff Development Funds form and indicate goals this activity will meet by listing the number(s), 1-9. \_\_\_\_\_

Please provide a brief description of the activity. Explain how the expected outcome(s) relate to each goal.

How does this align with the college's missions/goals?

How does this activity impact student learning?

Itemized Expenditure of Request: (Figures should be accurate)

Total Requested Funding: \_\_\_\_\_

If applicable, when was the last time you were funded by the SDCC scholarship fund?

\_\_\_\_\_

As a requirement, presenters receiving funds from SDCC must share what they have learned with the college community. By signing and submitting this request, you have agreed to all terms and conditions as outlined in the Guidelines and Procedures for Professional Development Training.

Please sign and submit completed application to Lucas Rucks in the Allied Health Department (MS162, ext 4395)

Signature \_\_\_\_\_