East Grand Forks Campus  
Skills for Teaching/Technical Updating Funds (STTUF Funds) Application

Name: Date: Position/Title:  

Program:

What professional development activity are you applying for?  
(Please include additional information describing the event you wish to attend.)

When is the activity taking place?  

Where is the activity being held?  

Professional Objectives:

Please list the anticipated cost:

Total Activity Cost (=) __________

Submitted by: ________________________________ Date: __________

Funding (to be completed by STTUF funds chairperson(s)):

Approved STTUF Funds (maximum $250.00) __________ Cost Center: 163821

Approved: ________________________________ Date: __________
Karen Znajda or Trisha Stromsodt

Requested College Professional Development Funds  
(must be approved by supervisor) __________ Cost Center: 330119

*Excess Funds Request __________ Cost Center: 163821

Approved: ________________________________ Date: __________
Karen Znajda or Trisha Stromsodt

*Excess funds requests reviewed in April by committee.