



Professional Development Agreement

Congratulations! You have been awarded SWSF grant funds to attend professional development. Please complete this agreement to be eligible for the grant funds.

Date _____

Name _____

School _____

Conference Name _____

Conference Date _____

Conference Location _____

Conference Website _____

Describe how this conference will help you achieve the vision, mission, and goals of South Whidbey School District?

AGREEMENT

I agree to attend the requested professional development conference. I will reimburse the district any funds the district expended if I fail to attend.

Signature _____

Print Name _____

