



Professional & Technical Employees Local 17

Professional Development Fund Application

Applicant Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Personal Email: _____

Employer: _____

Job Classification: _____

Are you a current member? YES NO

Have you signed the [new PROTEC17 membership card](#)? YES NO

(If not, please submit the application (linked above) with this application. If you're not sure, please contact our Membership Administrator Laura Elia at laura@protec17.org or 206-328-7321 ext. 123.)

Funding Request

For what activity are you requesting funds? _____

When and where does this activity take place? _____

Amount of funds being requested (**up to \$200**): _____

Does this request relate to your current position? YES NO

Does this request require time off during your regular work hours? YES NO

If yes, has your supervisor approved the time off? YES NO

Continued on next page →



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Funding Request (cont.)

Please provide a brief explanation of why you are requesting funds and how the request will benefit your career and/or current job.

Application Checklist

Qualified recipients will be selected on a first-come, first-served basis. All eligible members are encouraged to apply. **Requests must be accompanied by the following items.** Failure to provide documentation will delay consideration of your request. Due to financial restrictions, **we cannot reimburse for travel costs.**

- A completed application for the PROTEC17 Professional Development Fund;
- A copy of the official class, seminar, conference, or training description;
- A copy of the confirmation of your registration for the class, conference, etc.;
- An itemized receipt showing your payment for the class, conference, etc.; and
- The new [PROTEC17 membership card](#).

Signature

By signing this form, you agree to use the funds as approved by PROTEC17 for the approved funding request only. In the event you do not use the funds as intended, you agree to reimburse the PROTEC17 Professional Development Fund for the full amount.

Signature: _____ Date: _____

Please submit this completed form and your supporting documentation by email to union@protec17.org or by mail to Professional & Technical Employees Local 17, c/o Professional Development Fund, 2900 Eastlake Ave. East, Suite 300, Seattle, WA 98102.