



**EMPLOYEE APPLICATION FORM - DCCCD FOUNDATION, INC.**

**PROGRAM SUPPORT**  
Specific Fund: \_\_\_\_\_  
(Must be listed.)

**EMPLOYEE DEVELOPMENT FUND (EDF)**

**APPLICANT INFORMATION**

APPLICANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ DIVISION: \_\_\_\_\_

HOME ADDRESS:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

E-MAIL: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ AMOUNT REQUESTED: \_\_\_\_\_

SHORT STATEMENT OF PURPOSE (Use a separate page when necessary and attach other pertinent information):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ DATE OF MTG./PROJECT: \_\_\_\_\_

*If a project, attach budget, including total estimated income and expenses. If request involves travel, the DCCCD Professional Leave Request Form must be attached (photo copy is acceptable).*

**The information submitted above in support of the application is true and correct, and the applicant fully understands that the fact of application does not assure automatic acceptance of the request.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**COLLEGE REVIEW AND APPROVAL ACTION (where applicable)**

1. \_\_\_\_\_  
Inst. Division Chair or Supervisor Date

2. \_\_\_\_\_  
College/District Business Office Date

3. \_\_\_\_\_  
Vice President or Vice Chancellor Date

4. \_\_\_\_\_  
College President or Chancellor Date

5. \_\_\_\_\_  
EDF Chairman Date

**FOR FOUNDATION USE ONLY**

**FUNDED**       **NOT FUNDED**

**IF NOT FUNDED, REASON:** \_\_\_\_\_

\_\_\_\_\_  
Foundation Executive Director

\_\_\_\_\_  
Date