



New York State Master Teacher Program Application for External Professional Development Support

Master Teacher: _____

Region: _____

Email: _____

Phone: _____

When did you join the NYS MTP?

October 2013

April 2014

January 2015

Please provide information about the External Professional Development activity:

Is the Activity: a conference a workshop other: _____ ?

Event Name & Organizers: _____

Date: _____

Location: _____

Please list other Master Teachers in your cohort (at least two) applying for funds to attend the same event:

Please describe the nature of the external PD event and how it relates to your goals for professional growth as a New York State Master Teacher. Include information on its professional benefit to your work as an educator and/or leader, your NYSMTP experience, your NYSMTP cohort, and your school community. Be sure to include information on how you would collaborate with other MTs attending the event and incorporate what you learn at the event in future cohort activities.



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Do you have your principal's permission to attend? Please provide their name and contact information below. (If the event does not conflict with school hours, please write N/A.)

Please list the estimated costs for participating including registration fees, transportation & lodging and other related expenses.

Estimated total cost of attendance: \$_____

Please list the sources to which you have applied for funding, indicating any amount that you have received or anticipate receiving, and your own contribution in this section.

Estimated total requested from NYSMTP: \$_____

Signed: _____

Date: _____