

# *Kean University Adjunct Faculty Federation*

*KUAFF, AFT Local 624*

## **2016 PROFESSIONAL DEVELOPMENT PROGRAM FOR KUAFF MEMBERS**

KUAFF Member Name (Print)\_\_\_\_\_

Mailing Address (Street)\_\_\_\_\_ (City)\_\_\_\_\_ (St.)\_\_\_\_\_ (Zip)\_\_\_\_\_

Cell Phone\_\_\_\_\_ Email\_\_\_\_\_ Home Phone\_\_\_\_\_

Length of time in KUAFF (Years)\_\_\_\_\_

Leadership/Committee roles in KUAFF [List the year(s) and the position(s)]\_\_\_\_\_

By signing this statement, I am indicating the truth for all responses.

Signature of KUAFF Member Applicant\_\_\_\_\_

Attach a statement (500 word limit) indicating

1. The specific professional development activity
2. Purpose of activity
3. Rationale for your choice of activity
4. The benefits for your students and/or Kean University, and or the KUAFF
5. Benefits to you as the instructor
6. Clearly indicate how all of the money will be spent
7. Statement of need