

PLEASE TYPE OR PRINT NEATLY PLEASE TYPE OR PRINT NEATLY*

RESEARCH COLLEGE OF NURSING

PROFESSIONAL DEVELOPMENT FUNDING WORKSHEET

Important Information:

PLEASE READ PRIOR TO SUBMITTING A REQUEST

1. All requests must be turned into the Student Affairs Office and date stamped a minimum of four weeks prior to event dates. Please make a copy for your records.
2. Only currently enrolled Research College of Nursing students may apply for professional development funding.
3. Event must occur during a time period a student is currently enrolled at Research College of Nursing.
4. Conferences, workshops and conventions tend to benefit the individual the most followed by the organization with any benefit to the general student population being the least. Students must submit a plan or rationale on how the specific activity chosen will benefit the student body.
5. It is to your benefit to attach as much supporting documentation to your request. Examples include a copy of the conference registration form, conference schedule/agenda, hotel confirmation, etc.
6. Funds **WILL** not be allocated to any student or student organization for the purpose of supporting an individual's academic needs. For example, a student requesting funding to travel to New York to conduct research will not be accepted.
7. Please remember that submitting a request is no guarantee that you will receive funds. Funds are limited and only those requests that show a direct impact upon the student body will be given serious consideration.
8. Each student requesting funds must complete a Professional Development Funding Worksheet.
9. Once an allocation has been made, it is your responsibility to contact the Student Affairs Office for information on how to properly obtain your reimbursements.

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Professional Development Funding Worksheet

1. Date Submitted: _____
2. Date(s) of the Event: _____
3. Name of Person Submitting Proposal: _____
4. Mailing Address: _____
5. Email: _____
6. Daytime Phone: _____ Evening Phone: _____
7. Are you traveling on behalf of a student organization?
YES NO (Circle one)
If YES, what Organization? _____
8. Name of the Event? _____

9. Where is the Event Located? _____
10. Description of the Event: _____

11. If traveling/presenting at conference/event with other students, list the names of those students:
 - a. Name: _____
 - b. Name: _____
 - c. Name: _____
 - d. Name: _____
 - e. Name: _____
 - f. Name: _____
12. Attach an additional sheet explaining how attending this conference/event will benefit you and Research College of Nursing.
13. Attach all supporting document including abstract of proposal if presenting at conference/event.

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14. BUDGET:

EXPENSES	Dollar Amount	Description	Other Information
Registration	\$		
Transportation			
Car	\$		
Plane	\$		
Lodging	\$		
Motel/Hotel	\$		
Materials for Presentations (posters, etc.)	\$		
Misc. Expenses			
Total	\$		
Other Funding	- \$		
Total Amount Requested	\$		

15. Signature:

I can attest that the information submitted above is correct and grant the Student Affairs Office permission to check the enrollment status and GPA (if needed) of the students listed above.

(Signature of person submitting request)

(Print Name)