

New York State/Graduate Student Employees Union Professional Development Program Application

This application must be completed for consideration for the Professional Development Program funds. A separate application must be completed for each project or activity. Prior to completing this application, review the program guidelines and save the application to your files. After filling out this application form, print, sign and submit it, with all attachments, as directed at the bottom of the form. Be advised that an incomplete application will not be considered.

Award Period: _____ to _____

Part A: Applicant Information

1. Name _____
Last First MI
2. Mailing Address _____
Street Apartment/Unit #

City State Zip Code
3. Phone No. (Work) _____ (Other) _____
4. Work Address _____
5. Email _____
6. Academic Department/Program _____
7. Assistantship Type: Teaching Assistant Graduate Assistant No. of Hours _____

Part B: Project / Activity Information

1. Date of proposed project or activity: from _____ to _____
2. Check the appropriate category for the proposed job-related project or activity (not part of earning a degree) for which funds are being request:

<input type="checkbox"/> Research (basic, applied, historical)	<input type="checkbox"/> Internship
<input type="checkbox"/> Curriculum or instructional material development	<input type="checkbox"/> Course work
<input type="checkbox"/> Workshop or seminar attendance	<input type="checkbox"/> Artistic or creative endeavor
<input type="checkbox"/> Conference attendance (without a formal role)	<input type="checkbox"/> Preparation of material for publication
<input type="checkbox"/> Conference participation:	<input type="checkbox"/> Grant proposal development
<input type="checkbox"/> Presiding	<input type="checkbox"/> Other Specify _____
<input type="checkbox"/> Presenting	
<input type="checkbox"/> Other formal role. Specify _____	

(A.) Project or activity title. (List the name of seminar, workshop, etc. if applicable.)

(B.) Briefly describe the proposed project or activity and its job relatedness in 250 words or fewer.

Part C: Budget Summary

Complete only those sections that are applicable to the proposed project or activity. Expenditures must be itemized and justified. A separate Budget Summary must be completed for each project or activity for which funding is being requested, not to exceed a total of \$1,000 per award period.

Expenditures	Funding Sources	
	Labor-Management	Other*
<p>1. Travel and related expenses for each trip:</p> <p>a. Lodging @ _____/day x ____ day(s) Date(s): _____ to _____ Location: _____</p> <p>b. Meals @ _____/day x ____ day(s) Date(s): _____ to _____ Location: _____</p> <p>c. Transportation Mode _____ Amt _____ Date(s): _____ to _____ From _____ To _____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>2. Tuition for specialized course work/internship not part of degree program (at SUNY rate for the course level) No. of Credits _____ Institution _____</p>	<p>_____</p>	<p>_____</p>

Expenditures	Funding Sources	
	Labor-Management	Other*
3. Registration fee for conference, seminar, or workshop attendance Specify _____	_____	_____
4. Other Expenses (Specify)** a. _____ b. _____ c. _____ d. _____ e. _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
TOTAL REQUESTED		

*Identify Other Sources:

**Justification for each item under 4. Other Expenses:

By checking the box below and signing this application you acknowledge the following:

I have read the Professional Development Awards Program Guidelines and understand that only documented expenditures pursuant to the Guidelines, the New York State Comptroller's Rules and Regulations, and approval by the appropriate campus staff will be reimbursed. I also understand that I must have prior approval for any changes made to the project or activity and that the NYS/GSEU Professional Development Program must be acknowledged as a funding source.

Please list all attachments being submitted, as required by the **Professional Development Awards Program Guidelines**.

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Applicant's Signature _____ Date _____

Send applications, with attachments by the date specified in **Professional Development Awards Program Guidelines** to your campus human resources office.

New York State and Graduate Student Employees Union do not discriminate on the basis of race, color, national origin, gender, religion, age, disability, or sexual orientation in the admission to, access to, or employment in its program activities. Reasonable accommodation will be provided on request.