

Professional Development Grant Application

Name: _____

Date: _____

Department: _____

Brief Project
Description:

Amount
Requested: _____

Itemized Budget (*Please enter the amount being requested for each of the categories, do not include symbols*)

Fees: _____

Food: _____

Travel: _____

Misc: _____

TOTAL _____

Lodging: _____

Materials: _____

If you received other funding for this project, please list the amount below and describe the source.

Outside Funding: _____

Letters of Support
(Please list name(s))

Supervisor's signature
of support

Date: _____

Please make sure to include all letters of support with your proposal, as well as this cover sheet, and e-mail it to the Professional Development Committee Chair, silke-k.vigue@purchase.edu.