



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



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

Award Period Dates: _____ to _____

Part A: Applicant Information

1. Name: _____
Last First MI

2. Mailing Address: _____
Street Apartment/Unit #
City State Zip Code

3. Phone: 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/activity: from _____ to _____
month/day/year month/day/year

2. Please check the appropriate category for the proposed job-related project or activity (not part of earning a degree) for which funds are being requested:

- | | |
|---|--|
| <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/activity title (List the name of seminar, workshop, etc. if applicable):

B. Briefly describe the proposed project/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	
	PDP Funds	Other*
1. Travel and related expenses for each trip a. Lodging @ _____/day x _____ day(s) Date(s): _____ Location: _____ b. Meals @ _____/day x _____ day(s) Date(s): _____ Location: _____ c. Transportation Mode: _____ Amount: _____ Date(s): _____ From: _____ To: _____		
2. Tuition for specialized course work / internship not part of degree program (at SUNY maximum rate for level) No. of Credits: _____ Institution: _____		
3. Registration fee for conference, seminar, or workshop attendance Specify: _____ _____		

Expenditures	Funding Sources	
	PDP Funds	Other*
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 NYS/GSEU Professional Development Program Guidelines and understand that only documented expenditures pursuant to the NYS/GSEU Professional Development Program 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 **NYS/GSEU Professional Development Program Guidelines**.

1. _____ 3. _____
2. _____ 4. _____

A completed application and all required documents must be submitted to the campus professional development committee on or before May 3, 2023. For information regarding the campus professional development committee, please contact the local GSEU representative or the campus human resources office.

Applicant Signature: _____ Date: _____

It is the policy of the State of New York to provide for and promote equal opportunity in employment and equal access to all programs and services without discrimination on the basis of age, race, color, creed, national origin, military status, sex, sexual orientation, gender identity or expression, disability (including pregnancy-related disability or condition), predisposing genetic characteristics, marital/familial status, status as a victim of domestic violence, or prior arrest/criminal conviction record.