

**New York State and Graduate Student Employees Union
Professional Development Awards Program
Application**

This application must be completed for consideration for Professional Development Awards Program funds. Before completing this application, review the Professional Development Awards Program Guidelines for specific requirements. An incomplete application will not be considered.

Part A: Applicant Information

1. Name _____
Last First MI
2. Mailing Address _____
Street Apartment/Unit #
City State Zip Code
3. Phone No. (W) _____ (H) _____
4. Work Address _____
5. Email _____
6. Academic Department or Program _____
7. Assistantship Type: Teaching Assistant Graduate Assistant No. of Hours _____

Part B: Project or Activity Information

1. Date of proposed project or activity: From _____ To _____
mo. / yr. mo. / yr.
2. Please check the appropriate category 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	<input type="checkbox"/> Artistic or creative endeavor
<input type="checkbox"/> Conference participation: <input type="checkbox"/> Presiding	<input type="checkbox"/> Conference attendance (attending without a formal role)
<input type="checkbox"/> Presenting	<input type="checkbox"/> Preparation of material for publication
<input type="checkbox"/> Other formal role Specify: _____	<input type="checkbox"/> Other Specify: _____
<input type="checkbox"/> Grant proposal development	
3. (A.) Project or activity title. (List the name of seminar, workshop, etc. if applicable.)

Expenditures	Funding Sources	
	JLMC	Other*
4. Other Expenses (Specify)**		
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____
TOTAL REQUESTED		

*Identify Other Sources: _____

**Justification for each item under Other Expenses: _____

By 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 and GSEU Professional Development Awards Program must be acknowledged as a funding source.

Applicant's Signature _____ Date _____

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

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

Send applications with attachments by the date designated by the campus president or designee to the office designated by the campus president or designee. Contact your local GSEU representative or campus human resources office for the office designated by the campus president or designee or if you need additional information.

Affirmative Action Statement

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.