

Bowling Green State University
Classified Staff Council
Professional Development Committee

APPLICATION

Please submit original application and any documentation for all projected expenses to: Joetta Kynard, 108 Hanna Hall, joetak@bgsu.edu.

Applicant Name: _____ Position: _____

Campus Address: _____ VP Area/Dept.: _____

BGSU Phone: _____ E-mail Address: _____

Supervisor's Name: _____

In the space below please provide a brief paragraph of your proposal for funding. Explain how the program you want funding for will benefit you, your department, your college and/or BGSU. Incomplete professional development fund applications will not be considered. Applicants will receive a formal response from the committee chair.

Date & time of training/event: _____ Location: _____

List all expenses that pertain to your need for professional development fund (i.e., registration fee, transportation costs, lodging, meals, and all other miscellaneous expenses).

Funding Requested:	Registration fees	_____	
	Transportation	_____	
	Lodging	_____	
	Meals	_____	
	Other	_____	Specify: _____
	TOTAL	_____	

Sources Requested:	CSC PD	_____	
	Unit/Dept.	_____	
	Other	_____	Specify: _____

Applicant Signature

Date

As supervisor, I endorse this application and that the information provided is accurate and complete.

Immediate Supervisor's Signature

Phone #

Date

Print name

Payment to whom: _____

DCC# _____