



Staff Career Development Grant Application

SECTION 1: APPLICANT INFORMATION

- Individual Application Group Application

Applicant Name _____ Employee ID # _____

Title _____ Department/Unit _____

Work Address _____

Work Telephone _____ Email Address _____

Appointment:

- Full Time
 Part Time (___ % FTE)

- Classified Civil Service Staff
 Administrative and Professional Staff
 Sr. Administrative and Professional Staff

Requesting Funds for:

- Individual
 Entire department
 Work team
 Other group: _____

Years of Service: _____

Have you received this grant in the past? No Yes - Year received: _____

SECTION 2: PROFESSIONAL DEVELOPMENT PROPOSAL

Activity Date (must occur between April 1, 2016 – October 31, 2016): _____

Activity Type:

- Local/national seminar or conference Classes, books, continuing education Membership or certification
 Other (please specify): _____

Describe below or attach a one-page proposal for your professional development activity. Include specifics as to how it will benefit your career, unit and/or the university. Specify details about the nature and location of the activity. Include any documents supporting your proposal as well. For group applications, describe how the activity will benefit your unit/group. Attach a separate sheet with names, titles and email addresses of all those participating in the activity.



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SECTION 3: BUDGET INFORMATION (required)

Include an itemized list of expenses relating to this proposal, including supporting documentation of budget items. The maximum request amount is \$1,000 for individuals and \$1,500 for groups. **If you are only requesting travel reimbursement, please include detailed information on how the learning event is being funded.**

NOTE: This is a competitive reimbursement grant, and funds must first be expended by the applicant or their department, then reimbursement will be granted to appropriate party. Funds will not be released for reimbursement until a completed SCDG Survey has been received.

Budget Item	Estimated Cost	Department or personal funds? <i>*Department funds, see below</i>
Total estimated professional development cost:		
Grant amount requested:		

**If your department is providing the funding for this opportunity, please provide your fiscal associates contact information:*

Fiscal Associate Name	Email
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Application Submission:

- Budget documentation attached.
- I understand that funds may not be released until my completed SCDG Survey has been received by the SCDG office.

Applicant Signature	Date
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Supervisor Signature	<i>*not required if applicant intends to pay all expenses with personal funds.</i>	Date
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Supervisor Name	Supervisor Title
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Submit completed application via email as an attachment (no more than 5 pages total) to:
hr-staffgrant@osu.edu by 5 p.m., January 31, 2016