

College of Arts and Sciences
University of West Georgia
Staff Professional Development Grant Program
APPLICATION
DUE by 5:00pm on Tuesday, January 5, 2010

Please submit original and four (4) copies of this application, documentation for all projected expenses, and other applicable documentation to:

COAS Staff Advisory Committee
COAS Dean's Office

For more information, please contact the COAS Staff Advisory Committee at StaffAdvCOAS@westga.edu.

Name: _____

Job Title: _____

Department: _____

ADP Employee ID Number: _____ Date of Hire: _____

Campus Email Address: _____ Office Telephone: _____

Name of professional development activity/purchase: _____

How does this professional development activity/purchase relate to your current position at UWG:

If you are requesting funding for a professional development activity/event (travel):

Location of activity: _____

Date(s) of activity: _____

Type of Activity (e.g., conference, training): _____

Please note that all University of West Georgia travel policies apply.

Please record all estimated costs below. Attach a separate sheet if necessary.

Budget Item	\$ Cost	\$ Requested	\$ Received	Source
TOTALS:				

Attach all relevant materials including program brochures, documentation of fees, and associated costs for travel, etc. (Note: Incomplete applications will not be considered. The committee considers the accuracy and thoroughness of the data provided.)

Complete narrative proposal on second page.

Please provide a narrative below describing your proposal and address the following questions:

Why are you proposing this specific activity? How will it enhance your job performance/department/university? How will it benefit other employees? What are your plans for sharing the knowledge/skills gained through this activity? All pertinent details should be included. Attach an additional sheet, if necessary.

I certify that all attached information is accurate and complete. I understand that any falsification of documentation or misuse of grant funds will be subject to disciplinary action according to University of West Georgia policies and procedures.

Applicant Signature: _____ Date: _____

Signature of Immediate Supervisor: _____ Date: _____