

VCAPP Staff Development Award Application

Turn in completed application and any supplemental materials to Sandi Brabb, Department of VCAPP, Wegner Hall, Room 205.

1. Today's Date: _____ Department: _____ %FTE: _____

2. Applicant Name: _____ Phone: _____

3. Title: _____

4. Supervisor: _____

5. Appointment Permanent: Temporary:

6. Date(s) of proposed activity: Start: _____ End: _____

7. Identify the nature of the professional development you are requesting: (i.e., nature and title of class or meeting, etc.)

8. Budget	Amount Requested from VCAPP	Amount Paid by Applicant
Registration or Other Fees:		
Travel:		
Lodging:		
Food:		
Supplies and Equipment:		
Other:		
Totals:		

9. Budget Explanation: _____

10. In the space below, please explain the benefit you and the department will gain from your participation in the activity identified in question 7.

11. (Optional) Attach additional supporting materials (i.e., brochures, announcements, quotes, etc.).

Applicant Signature

Approved: _____
Account #: _____