



Staff Career Development Grant Application

SECTION 1: APPLICANT INFORMATION

- Individual Application
 Group Application (2-10)
 Group Application (11+)

Applicant Name _____ Employee ID # _____

Title _____ Department/Unit _____

Work Address _____

Work Telephone _____ Email Address _____

Appointment:

- | | |
|--|---|
| <input type="checkbox"/> Full Time
<input type="checkbox"/> Part Time (____% FTE) | <input type="checkbox"/> Classified Civil Service Staff
<input type="checkbox"/> Administrative and Professional Staff
<input type="checkbox"/> Sr. Administrative and Professional Staff |
|--|---|

Years of Service: _____

Have you received this grant in the past 2 years? No Yes - Year received: _____

SECTION 2: PROFESSIONAL DEVELOPMENT PROPOSAL

This is a competitive process and all applications are reviewed by a selection committee. A rubric will be used to provide fair rating of applicants based on criteria set in the application. We encourage all applicants to refer to the rubric before submission. Please note: Preference will be given to applicants who have not received an award in the past two years.

Activity Date (must occur between March 1, 2019 – October 31, 2019): _____

*Activity Type:

- Local/national seminar or conference
 Classes, books, continuing education
**May be taxable, see note below.*
 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.

** Please note: Awards may be considered taxable. If you have specific questions regarding whether or not your professional development opportunity is considered taxable, please contact Payroll Services at 614-292-2311.*



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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 \$1,250 for individuals, \$1750 for groups of 2-10, \$2000 for groups of 11 or more. **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

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.
- I understand that my award may be taxable.*

Applicant Signature

Date

Supervisor Signature **not required if applicant intends to pay all expenses with personal funds.*

Date

Supervisor Name

Supervisor Email

**Submit completed application via email as an attachment (no more than 6 pages total)
to: hr-staffgrant@osu.edu by 5 p.m., January 31, 2019**

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