



Delta State University

Administrative Staff Council Staff Development Fund Application

Print this application, fill it out, and send to the address below. Please print or type.

Name of Applicant _____ Date _____

Department _____ Phone / Fax _____

Program / Conference / Event _____ Date(s) _____

Describe how this program/conference/event will improve your professional development. Also explain how this professional activity will benefit your department and DSU. Attach a copy of the brochure and /or registration form of the professional activity to this application. *(Use blank sheet and attach if necessary.)*

Amount of funds requested to attend program/conference/event (maximum\$300.00). _____

Indicate the amount of money your department will be providing to support your participation in this professional activity? _____ *(The department is expected to match the requested amount or provide documentation indicating that department has exhausted all available budgets or accounts.)*

Supervisor's Statement:

This employee has consulted with me about attending the above program. I am in support of this funding request.

Supervisor's Signature

Applications must be received by the **15th** of the following months:

January April July October

Applications will be considered for funds up to 60 days before the date of the class or conference. The Staff Development Committee at the Staff Council monthly meeting will provide quarterly reports on award recipients and fund balance. Remember: you **must** include a copy of your registration form with this application. Send all information to:

Staff Development Fund Committee
Attn: Ben Bufkin
Human Resource Department
Kethley Building, Room 123