

## Staff Council PROFESSIONAL DEVELOPMENT AND TRAINING APPLICATION (For ISU Classified and Non Classified Staff)

Name:	Phone:	Email:	
Department:	Job title:	Years in position:	Years at ISU:
Please select the funding period you are applying for (should correspond with your event date):			
☐ Fall (Sept 1 - Dec 31) ☐ Deadline: Aug 1st	Spring (Jan 1 - Apr 30)  Deadline: Dec 1st	☐ Summer (May 1 - Aug 31)  Deadline: Apr 1st	
Statement of anticipated value/benefit for the applicant, department, and/or University:			
Is the training/class required for a license or certification needed for your job? ☐ Yes ☐ No			
Have you attended a conference/training in the past? ☐ Yes ☐ No If so, when?			
Dates of attendance: Costs of attending (attach detailed analysis):		nalysis):	
Will you be presenting/speaking? □ Yes □	No Letter of Supp	oort: 🗆 Yes 🗆 No	
How will you use /disseminate the learned in	oformation upon returning	g from the training?	
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Please remember to include:			
☐ Related material including websites, brochures, and schedules			
☐ Letter of Support (highly recommended)			

## Report of activity:

At the conclusion of the seminar/conference/workshop/class, the applicant will submit a brief written report of the activities to the Staff Council sub-committee on professional development. If appropriate, the applicant may present a brief oral report to the council.

## Evaluation of application: \*Funds cannot be used for ISU Class Tuition

You must be a full time ISU Staff member who has completed six months of service in order to be eligible to apply for professional development funds. Application will be reviewed by the Staff Council sub-committee on professional development. The applicant will be notified by this committee about the status of the application once the review is complete. Not eligible for funding if you have been awarded funds within the last 3 years.

Applications must be emailed to Staff Council at staff@isu.edu

Signature Date