

# Office of Leadership and Professional Development

## Application for Grant In Aid

Limited funds ranging from \$100-\$300 are awarded to assist in obtaining resources required for leadership and professional development programs. These resources may include books, software, equipment, registration fees, travel and tuition for courses that are not offered at Elon University. An employee's department is expected to assist with funding for resources. In addition, certifications that are mandatory for the execution of one's job, or are required by law, are not eligible for Grant in Aid award. The expectation is that an employees department would pay for those certifications out of the department's annual budget.

Applicant's Name: Click here to enter text.	Campus Box: Click here	e to enter text.
Position Title: _Click here to enter text	Campus Email: _Click h	ere to enter text.
Department: Click here to enter textName of Direction Name	c <b>t Supervisor:</b> Click here t	o enter text.
Please list the program/course, including location and date(s Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.	3):	
Funds requested: 1. Materials Books Software Registration Fee Equipment Other (specify in detail)	Subtotal	\$_Click here to enter text
<ul> <li>2. Tuition/Registration Fees <ul> <li>Rate (per credit hour): Click here to enter text.</li> <li>Number of credits: Click here to enter text.</li> </ul> </li> <li>Activities Fee</li> </ul>		Click here to enter text
	Subtotal	Sclick here to enter text.

3. Travel

Destination: Click here to enter text.	Travel Method: Click here to enter to	ext.
Total Mileage: Click here to enter text.	Rate:Click here to enter text.	\$Click here to enter
text.		

	Subtotal	<b>\$</b> Click here to enter text.
	TOTAL	<b>\$</b> Click here to enter text.
Amount funded through your department's profession and/or other funding resources.	al development bu	<b>dget</b> - \$ <u>Click here to enter text.</u>

### TOTAL AMOUNT REQUESTED:

**\$** Click here to enter text.

Statement of Understanding:
<ul> <li>I understand that prior to the start of this activity, Form A must be completed and submitted along with this application to the Office of Leadership and Professional Development for review and approval.</li> </ul>
<ul> <li>✓ I understand that at the conclusion of the approved activity, Form B must be completed and submitted along with receipts to the Office of Leadership and Professional Development for reimbursement.</li> </ul>
Applicant's Signature Click here to enter text Date Click here to enter text.
Your completed application will be reviewed by the Application Sub-Committee of the Office of Leadership and Professional Development ( <u>www.elon.edu/olpd</u> ). You will be notified once the review has been completed.

#### (For office use only) Approval and Signature of the Director of Leadership and Professional Development

Signature

Date

Comments:



# FORM A (Attach to Application for Funding)

## Part 1 – Rationale Statement

Please state, in detail, how the proposed activity or resources support your professional development goals at Elon University. If appropriate, attach a copy of your Individualized Development Plan which can be found on **page 7** of your Performance Appraisal and Development Plan.

Click here to enter text.

# Part 2 – Direct Supervisor Approval

Please verify and comment on how the proposed activity or resources support the employee's professional development goals at Elon University.

Click here to enter text.

Printed Name of Direct Supervisor

Please return your completed application and Form A to the Office of Leadership and Professional Development, via email to <u>aflaherty2@elon.edu</u> and <u>krussell2@elon.edu</u> or to Campus Box 2067.