**Professional Development Fund**

**Application for Reimbursement**

The Professional Development Fund provides supplemental funding to students for experiences which enhance their professional education.

**Submission Materials**

* Completed application
* AP Compliance Form (unless currently on University payroll)
* One (1) page explanation statement
  + Statement should include description of activity and the benefit provided to your educational experience
* Itemized budget with **original** receipts
  + If original receipts do not show proof of payment, include supplemental documentation (e.g. credit card statement with your name, cancelled check showing payment, etc…)
  + If you have questions about your receipts, please contact your schools IPC Justice
* Non-Resident Aliens Only: Contact Rebecca Delo at delo.1@osu.edu for additional form
* Applications must be submitted in compliance with the Standing Rules of the Professional Development Fund. Failure to comply may result in denial of funding.

**Applicant Eligibility**

* Applicants must be enrolled and in good standing in Professional School at the University during the quarter in which the eligible experience occurred, or the experience must have occurred during a summer quarter between two academic years in which the applicant is enrolled.
* Students are eligible for a maximum of $750 annually.
* Students are limited to two applications annually.
* The experience must have occurred within two (2) quarters preceding the application quarter.

**Application Submission**

Applications must be mailed or hand delivered to the Student Government Suite (Room 2088 D in the Center for Leadership and Service) at the Ohio Union.

The Ohio Union

InterProfessional Council, Room 2088D

1739 North High Street

Columbus, Ohio 43210

Hours for submission: Monday: 10am – 4pm; Tuesday – Friday: 10am-7pm\*

\*In the event that the Student Government Office door is closed, applications may be submitted to the Ohio Union Resource Room located in the Center for Leadership and Service. Please ask the Resource Room staff person to put your application in the IPC mailbox.

**Eligible Expenses Guidelines**

The following information serves to assist potential applicants in determining what possible experiences may be reimbursed. Please reference the Standing Rules for the Professional Development Fund additional information.

**Eligible Experiences:**

* Conferences
* Externships
  + Study abroad courses are not externships and are not fundable
  + Externships are defined by the individual professional schools.
* Research Presentation Experiences
* Career Fairs

**Possible Eligible Expenses:**

* Travel to and from the site of the eligible experience is reimbursable:
  + Airplane tickets, rental car fees (not including gas or mileage), train tickets, bus tickets, etc.
  + If traveling by personal vehicle mileage will be reimbursed at the state rate per mile. Students will not be reimbursed for the cost of gasoline or other vehicle maintenance costs.
  + Transportation at or during the conference is reimbursable, to a maximum of $30/day.
  + Airport parking fees are also reimbursable.
* Registration fees are reimbursable. This may include food if a banquet or other meal is inseparable from the registration fee.
* Lodging is reimbursable.
* Some other costs may be considered reimbursable. These items will be reimbursed at the discretion of the Justices.

**Non-allowable expenses include:**

* Food
* Alcohol
* Entertainment
* Travel for interviews

**\*\*\*\*APPLICATIONS ARE DUE ON SEPTEMBER 27TH BY 5PM\*\*\*\***

**Application for Professional Development Fund**

1. **Personal Information**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email & Student Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Have you set up/received payment from the University payroll in the last 180 days?: \_\_\_\_\_\_\_\_\_**

**\*\*\*\*If yes, then you do not need to complete an AP Compliance Form\*\*\*\***

**Current Professional School: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**US Citizen Resident Alien Non-Resident Alien**

1. **Experience & Reimbursement Information**

**Experience Category:**

* Conference
  + Attendant
  + Presenter
* Externship
* Career Fair
* Other, please explain: **­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location of Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount of Reimbursement Requested ($750 maximum): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you applied for funding from other sources?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, when will you know of these other awards?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you previously applied for Professional Development Funds?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, please list the quarter(s), year(s), and name of experience(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Certification**

I hereby certify that all information included in this application is true to the best of my knowledge and that all expenses detailed in this application directly relate to a professional development experience. Furthermore, I agree to disclose all other funding sources related to this trip. I understand that if I fail to disclose funding within 15 days of the notification of such an award or if I have falsified any information, I will be required to return any funding received and I will lose all rights to future funding from the Inter-Professional Council.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Office Use Only:**

Amount to be Reimbursed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chief Justice Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Processing Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vice President Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_