

James I. Perkins Professional Development Fund
FUNDING APPLICATION FORM

Date: _____

1. Faculty Name: _____

2. Rank: _____

3. Academic Unit: _____

4. Faculty Email Address: _____ Extension: _____

5. Name of event and sponsoring organization:

a. Dates: _____

b. Location: _____

c. Expected Size of Conference: _____

d. Expected Size of Audience: _____

e. Level of Activity (Regional, National, International): _____

6. Last trip supported by James I. Perkins Professional Development Fund:

a. Date: _____

7. Type of Presentation(s) (circle all that apply and/or specify if other):

a. Presenter (i.e., poster, paper, symposium, round table, creative activity)

b. Adjudicator of Creative Activity

c. Symposium/Research Discussant

d. Other, please specify: _____

8. Estimated total cost of proposed trip; this amount must match the travel request amount (completed and signed travel request must be included with application):

\$ _____

9. Amount requested from Perkins Professional Development Monies: \$ _____

**Please Note: Funding for regional/national travel may be awarded up to \$500 dollars with no more than 50% of the total award paid by Perkins Professional Development monies. Funding for international travel may be awarded up to \$1000 dollars with no more than 50% of the total paid by Perkins Professional Development Monies.*

10. List other sources of financial support for this trip (e.g., unit account, grant or extramural funding, faculty member

Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

Total: \$ _____

Signature of Faculty Member: _____

Signature of Unit Head: _____