



COLLEGE OF HEALTH  
AND WELLNESS PROFESSIONS  
ST. CLOUD STATE UNIVERSITY

## Student/Faculty Professional Development Funding Application: 2021-2022

The College of Health and Wellness Professions encourages projects and activities that will enhance School and/or Department initiatives and strategic goals through research, scholarship, and professional development.

Funding will be awarded to enrolled SHHS students and faculty applicants to offset expenses associated with activities such as attending professional conferences, presenting research, developing community action projects, etc. Priority consideration will be given to students who have not previously been granted funding from the Dean's Office.

### **Guidelines for funding consideration:**

1. An Individual application may be submitted for a maximum of \$400. A Group application may be requested for a maximum of \$400 per person.
2. Requests must be submitted prior to the project or event start date.
3. The primary fund distribution method is by expense reimbursement. Some expenses may be eligible for direct/up-front payment when coordinated by the Dean's Office.
4. All SCSU and State of Minnesota policies and procedures will be followed. Student recipients will be required to create a State Vendor ID to be eligible to receive reimbursements.
5. The decision of the Dean is final.
6. A *reflection summary* paper regarding the impact of the award shall be submitted prior to the final fund distribution.
7. Award recipients acknowledge their name and project details may be published.
8. **Award recipients must meet all obligations and submit required documentation prior to June 15, 2021 or risk forfeit of funding.**

Application deadline: **June 1, 2022**

*Applications will be reviewed and considered as they are received, while funds are available.*

### **Application process:**

1. Complete this **Funding APPLICATION (page 2 and 3 only)**. Signatures of all individuals involved are required.
2. Submit complete applications **via email** to [angela.theisen@stcloudstate.edu](mailto:angela.theisen@stcloudstate.edu) prior to the deadline identified above.
3. Applicants will be notified of award decisions via email. The Project Lead will be notified in the case of Group Project Applications.
4. A list of approved projects, awards, and recipients will be distributed to the SHHScommunity.

Do you have questions? Contact Angie Theisen @ [angela.theisen@stcloudstate.edu](mailto:angela.theisen@stcloudstate.edu) or 320.308.4222.

#### **CHWP MISSION**

*We prepare our students to be leaders, scholars, and professionals in promoting and providing lifelong optimal health and wellness.*

#### **CHWP VISION**

*We enhance the well-being of people and their communities through nationally recognized innovative programs, rigorous practical experiences, and strong professional partnerships.*

# CHWP Internal Funding Application

The College of Health & Wellness Professions encourages initiatives that will enhance School and/or Department initiatives and strategic goals, through research, scholarship, and professional development opportunities. This application may be used for individual or groups activities.

## **A. INDIVIDUAL APPLICANT INFORMATION** *(complete this portion if only one person is applying for funding)*

Applicant Name

SCSU ID and Email Address

Student Major or Minor, or Employee Department/Program Affiliation

*Students only: Projected Graduation Date*

Please name others involved in this project (i.e., names of faculty, staff or students) and briefly explain their involvement.

## **B. GROUP APPLICATION INFORMATION** *(complete this portion if multiple people are applying for funding)*

Department/Program Area

SCSU Employee/Student Names *(include Student ID for each student participant)*

Project Lead: Please list the name, SCSU email address and telephone number of the person coordinating this request.

## **C. PROJECT SIGNIFIGANCE**

**Purpose** of request/proposed use of funding: Explain the goal of this request (include title of project/activity, location, and dates of event, if applicable)

**Impact & Evaluation:** Explain how this activity aligns with CHWP and/or Department/Program initiatives and/or will provide a positive impact related to research, scholarship or professional development. How will the results be incorporated, provide benefit, and/or be shared with others? *Note: Awardees will be required to submit a Reflection Summary regarding the impact of this award before final fund distribution will occur.*

**D. EXPENSES**

Anticipated Budget for this activity/initiative: Itemize the expense category and the anticipated expense for each category. Itemized receipts and/or invoices will be required for all awarded expenses.

*(EXAMPLE: \$150 - hotel, \$50 - mileage, \$80 – conference registration)*

Amount Requested from Other Sources. NOTE: Expenses may only be funded once, regardless of funding source. Funding received from other internal or external sources does not affect applicant eligibility.

*Source(s)/ Amount(s):*

Has other funding been secured? What source has provided funding? What amount has been provided?

Signature of Applicant(s)

Date



**SHHS OFFICE USE ONLY:**

Approved	
Denied	
Defer for further information	

List APPROVED Expenses:

Total Approved Expense: \_\_\_\_\_

Additional Comments:

Dean's Signature:

Date:

Date applicant Notified: \_\_\_\_\_

Reflection of Summary Received: \_\_\_\_\_

Approved Expenses complete: \_\_\_\_\_

Additional comments pertaining to expenses or summary: