



COLLEGE OF HEALTH
AND WELLNESS PROFESSIONS
ST. CLOUD STATE UNIVERSITY

STAFF Professional Development Funding Application: 2021-2022

The College of Health and Wellness Professions encourages professional development opportunities that will enhance School and/or Department initiatives and strategic goals as well as personal professional development goals. Awards of up to \$300 per person may be requested for professional development expenses such as online training opportunities, attendance or presentations at professional conferences, to perform or present research, to develop community action projects, etc.

Funding Opportunities are available to CHWP staff for individual and group projects/initiatives. Priority may be given to staff that do not have professional development funds available through their collective bargaining agreement and/or who have not previously been granted awards.

Guidelines for funding consideration:

1. An Individual application may be submitted for a maximum of \$300.
2. A Group application may be requested for a maximum of \$300 per person.
3. Requests must be submitted prior to the project or event begin date.
4. 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.
5. All SCSU and State of Minnesota policies and procedures will be followed.
6. The decision of the Dean is final.
7. A *reflection summary* paper regarding the impact of the award shall be submitted to the Dean.
8. Award recipients acknowledge their name and project details may be published.
9. **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 the **SHHS Internal Funding APPLICATION**.
2. Signatures of all individuals involved are required.
3. Submit complete application electronically to angela.theisen@stcloudstate.edu.
4. Applicants will be notified of award decisions via email. The Project Lead will be notified in the case of Group Project Applications.
5. 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 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

A. APPLICANT INFORMATION *(may be used for individual or group requests)*

Applicant Name	Email Address	Department	Bargaining Unit (AFSCME, MNA, MAPE, MSUAASF)

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

Impact & Evaluation: Explain how this activity aligns with SHHS and/or Department/Program initiatives and/or will provide a positive impact on Professional Development goals. 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.*

B. 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)

Funding source and amount requested from other sources (i.e., MSUAASF Professional Development fund, etc.)

Source(s)/ Amount(s):

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

Signature of Applicant(s) / Date

CHWP 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: