Professional Development Awards for Advisors at Kansas State University

The University Advising Committee and the Office of the Vice Provost for Student Success is pleased to offer academic advisor professional development awards of up to $750 to subsidize participation in advising-related professional activities and/or conferences or meetings during the spring, summer, or fall academic terms. Applications are invited from any faculty or professional advisors at K-State (Manhattan, Salina, Olathe, or Global Campuses). Three awards are offered during both the fall and spring semesters. Attendance at professional conferences provides advisors with opportunities to further their work, increase their knowledge and skills, network with other professionals, and enhance their experience. In addition, it increases the recognition and reputation of Kansas State University.

The deadline for applications is September 15th if applying during the fall semester and February 6th if applying during the spring semester.

An applicant must meet the following criteria:

- Be a full-time or part-time employee at the University serving in some advising capacity.
- Apply to attend professional development activities or a professional conference relevant to his/her field.
- Use the funds to help cover registration, travel, meals, and/or accommodations.

Preference will be given to first-time applicants. Funds can only be used for the professional development experience applied for. Funds not used by the end of the fiscal year must be returned. Recipients of awards may be asked to present a session or poster at one of the advising workshops during the year.

Application process

To apply for the professional development funds, the following are to be submitted:

1. Application for Funding
2. A letter of application for the award addressing the following:
   - Outline and description of professional development opportunity
   - Benefits to the employee and the department/unit and how this opportunity will improve or transform your advising practices as well as the general advising of the University?

The application documents are to be submitted electronically to the University Advising Committee at uac@ksu.edu by September 15th if applying during the fall semester and February 6th if applying during the spring semester.

Upon return from the activity or conference, please submit a one-page summary of the experience and what was learned to the committee at uac@ksu.edu.

A committee will select the award recipients. The committee’s decision is final.

Applications will be considered once per semester until all awards have been expended. Funds may not be transferred to another person.
# Professional Development Awards for Advisors at Kansas State University

Application for Funding

Name: ________________________________  Email: __________________________

Position/Job Title: ____________________  Phone: __________________________

Department/Unit: ____________________

Campus Address: ______________________

Conference/Training: __________________ Destination: ____________________

Conference/Training Date(s):  
Beginning: ____________  Ending: ____________

<table>
<thead>
<tr>
<th>Estimated Costs for Conference/Training</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Cost:</td>
<td></td>
</tr>
<tr>
<td># Meals (not included in Registration): Breakfast Lunch Dinner</td>
<td></td>
</tr>
<tr>
<td>Per Diem rate for location of conference x # of days</td>
<td></td>
</tr>
<tr>
<td>Lodging: cost per night  x  # of nights</td>
<td></td>
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</tbody>
</table>
| Mileage costs (state or private vehicle):  
# of miles x cost per mile OR motor pool costs |        |
| Airfare:                               |        |
| Misc:  
Taxi  Public Transportation  Tolls  Parking |        |
| Other Expenses and/or Sources of Funding (please explain): |        |

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<thead>
<tr>
<th>Total Estimated Costs</th>
<th></th>
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</thead>
</table>

Employee’s Signature: ____________________________  Date: ____________

# Acknowledgement of Professional Development Awards Request

to be completed by supervisor

Please initial each line as acknowledgement:

_____ I approve the employee’s participation in this conference/training event.

Supervisor Signature: ____________________________  Date: ____________

Supervisor Printed Name: ____________________________  Email: ________________________

If awarded, please provide the department budget officer name and email for distribution of award.

Department Budget Officer: ____________________________  Email: ________________________

*This application is to be submitted to uac@ksu.edu, by September 15th if applying during the fall semester and February 6th if applying during the spring semester.*