

**Masters *Student Professional Development Award Application***

**Department of Counseling and Human Services**

**OLD DOMINION UNIVERSITY**

*This form must be submitted by the fall or spring/summer deadline and must be a single PDF document that includes all supporting documentation. Send as an email attachment to* [CHSscholarship@odu.edu](mailto:CHSscholarship@odu.edu). *Limit of $450 per academic year unless more funds are available. Only those majoring in a department degree will be considered and must include signature of supporting CHS faculty member below.*

**Applicant information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | Major: | GPA: | Graduation Date: | Date: |

**Conference Information:**

|  |
| --- |
| Conference Name, Sponsoring Organization, and Location: |

Refereed:  Yes  No Type of Conference: National/International Regional State Local

|  |
| --- |
| Number of CHS funded conferences attended this academic year (Maximum of 2): |

**Presentation(s)/Creative Activity(ies) Information:**

Current Status of Proposal: Accepted Under review Wait listed Rejected No proposal attending only

Type of Presentation:  60 min  panel round table poster  other (describe on attachment)

|  |
| --- |
| Presentation Title: |

1. Include proof of acceptance including contact name/email and
2. Include a one page (max) abstract of the presentation, or description of the activity you will be leading containing the day and time of session along with a list of all individuals presenting with you.

*If only attending the conference*

1. Include a one page (max) summary of how attendance will contribute to your educational and career objectives. Include any specific activities that you will be engage in at the conference.
2. Include a brief statement of support for attendance (no more than 250 words) from your supporting CHS faculty member who also must sign this form.

**Estimated Conference Expenses and Amount Requested:**

|  |  |
| --- | --- |
| Estimated cost of transportation: |  |
| Estimated cost of registration: |  |
| Estimated cost of lodging: |  |
| Estimated cost of meals: |  |
| Funding from other sources (other than personal): |  |
| Total amount requesting (maximum $450): |  |

Authorization & Signatures:

Signature of Supporting CHS Faculty Member:

|  |  |  |
| --- | --- | --- |
|  |  |  |

Name (Printed) Signature Date

Signature of Student Applicant:

|  |  |  |
| --- | --- | --- |
|  |  |  |

Name (Printed) Signature Date

***\*\*Please remember to include all signatures and required documents as one email attachment\*\****

*Cut and Paste attachments in the following box (formatting will be removed) or create one pdf document*