**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. *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*