

**University of Maryland, Baltimore  
Graduate Student Association Professional Development Award Application**

The University of Maryland, Baltimore (UMB) Graduate Student Association (GSA) Professional Development Award aims to encourage student participation in opportunities that help advance students' scientific knowledge or career paths. This purpose of this award is to aid students who otherwise would not be able to attend such opportunities without incurring financial hardship. Opportunities of this kind may include workshops, professional networking events, or certificate training programs. Due to limited supply of funds, a student may receive only one professional development award per academic year (July-July).

**What are the application requirements?**

Any student applying for the GSA Professional Development Award must be a current graduate student in a master's or doctoral program and a member of an active program in the GSA. If your program does not have representation at the GSA meetings, applications will be penalized. Because of the numbers of applications received by the GSA, an award is not guaranteed, and the amount of the award may vary. While the maximum award is \$500.00, in many cases the award may be less. If a student has other sources of funding, it will not preclude receiving aid from the GSA; however, the GSA recommends not depending on its support, if possible. This is a competitive award.

The application must be completely filled out and signed by the appropriate authorities. Any incomplete or unsigned applications will not be considered for funding. Expenses such as food, lodging, transportation to and from the meeting, and registration fees are reimbursable. Rental cars, except in rare cases, are generally not considered necessary for attendance at a scientific meeting. The GSA reserves the right to grant award as it deems necessary. All decisions are final.

*Please submit two pdf documents: one-single pdf document for the application and other pdf document with all other supporting materials (such as receipts, certificates).*

**Where to submit the application?**

Completed applications must be submitted via email to [umb.gsa.gcrep@gmail.com](mailto:umb.gsa.gcrep@gmail.com)

**What is the deadline for this application?**

Attendance Period

1<sup>st</sup> Half: April through September

2<sup>nd</sup> Half: October through March

Award Applications Deadline

November 1

April 15

\*If the student's out of pocket costs already exceed \$500 prior to attending the meeting, they may submit an application for the previous half deadline.

### **1. Applicant's Information**

*Please fill out the following information.*

- Applicant's full name:
- Campus address and phone:
- Home address:
- Official email:
- Program:
- Department:
- School:
- Month/year accepted into the program:
- Current academic year:

### **2. Advisor Information**

*Please fill out the following information.*

- Advisor's name:
- Advisor's department:
- Advisor's phone number:
- Advisor's official email:

### **3. Event Information**

*Please fill out the following information.*

- Name of the event:
- Date of event:
- Location of event:
- In-person or online event:

### **4. Required Attachments**

4.1 Please attach a statement regarding the professional development opportunities or skills gained from your attendance at the above-mentioned event under 500 words.

- Please include: a brief description of the event, including its purpose and official schedule.
- Please describe the impact (short term and long term) the event will have on your career.

4.2 Please attach your up-to-date curriculum vitae that includes all scientific meetings and professional development opportunities attended.

4.3 If applicable, please attach proof of continuing education credits or certificates of completion received at professional development event identified in this application.

**5.. Reimbursement Information**

*Requirements:*

1. All expenses, *including those that the GSA is not being requested to reimburse*, must be listed.
2. Any expenses that the GSA is being requested to reimburse must have original receipts attached to the application.  
**If no receipt is attached, the item will not be reimbursed.**
3. Both the applicant and the primary GSA representative from the applicant's program must sign. If you don't know who your GSA representative is, please contact your program officer/coordinator.

*Allowances:*

1. Reimbursement for meals will not exceed \$42.00 per day (receipts must be included).
2. If a private automobile is used, reimbursements can be requested at \$0.50 per mile.

**Please fill in completely and attach receipts.**

Descriptions	Year:					Month:					Total	Funded by Other Source? (Y/N)
	<i>Please put the dates below. If you have dates across two months, please mention both months above. Example: June/July</i>											
Registration Fee												
Breakfast												
Lunch												
Dinner												
Lodging												
Taxi Fare												
Airfare												
Car (\$0.50/mile)												
Other:												
											<b>Total</b>	
											Other Funding	
											GSA support requested (Up to \$500)	

Preferred location for reimbursement to be sent: (please mark or circle one)

Mailed to home address

Mailed to campus address

**6. Funding Information**

**A. To be completed by the Applicant**

Important: If the event for which this application is submitted was not the only professional development opportunity that the student has attended or will attend during the academic year (July-June), please list all other events that were or will be attended in that period. Attending more than one event per year will not preclude GSA funding for this meeting.

Name of Event (other than the one on this application) and Date of Attendance

1.
2.
3.

**B. To be completed by the Applicant's Advisor**

Please indicate below the amount of funding, if any, that is currently being provided to the student for the event and travel expenses (e.g. \$500.00 for airfare and hotel, \$100.00 for registration).

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Please explain the reason for seeking GSA financial support for the student's professional development expenses.

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Please provide any additional comments (optional).

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Grant information of Advisor

Please list all grants held by this advisor. This includes DRIF awards. Applications will not be considered until this information is filled out accurately and completely. Total dollar amount refers to total direct cost (not per year) awarded by granting institution. If more room is needed, please attach pages.

Grant/Granting Information	Start Date	End Date	Total Dollar Amount

**C. To be completed by the Departmental Administrator or Authority**

Please indicate below the amount of funding, if any, that is currently being provided by the department to the student for event and travel expenses (e.g. \$500.00 for airfare and hotel, \$100.00 for registration).

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**D. Signatures**

The undersigned confirm that all information herein is true, complete, and accurate to the best of the applicant's, advisor's, and administrator's knowledge.

Signature of Graduate Student (Applicant):  Date:
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Name of Primary Program GSA Representative:  Signature of Primary Program GSA Representative:  Date:
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Name of Applicant's Advisor:  Signature of Applicant's Advisor:  Date:
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Name of Departmental Administrator:  Signature of Departmental Administrator:  Date:
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